



bringing the community together

phone 9782 0133
fax 9782 0379

203-205 Lyrebird Drive
Carrum Downs 3201

admin@lyrebird.org.au
www.lyrebird.org.au

ABN: 68 590 261 969 Reg No: A0028779R

ENROLMENT FORM 2018

You have the right to provide as much or as little information as you choose, however the collection of this data will assist us with statistics and planning.

Office Use Only	Enrolment Date: _____
Student I.D.: _____	U.S.I.: _____
Course(s) Enrolled In: _____	

Contact Information (for Children's Activities, please fill in this form using parent's details)

Title _____ First Name _____ Surname _____

Date of Birth _____ Gender Female Male

Residential Address _____

Postal Address _____

Home Phone _____ Mobile / Work _____

Email Address _____

Emergency Contact Name _____ Phone Number _____

Language and Cultural Diversity

Country born in (if other than Australia) ? _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Language spoken at home (if other than English) ? _____

If you speak a language other than English, how well do you speak English?

Very well Well Not well Not at all

Residency Status (please tick)

Australian Citizen A holder of a Permanent Visa

An East Timorese Asylum Seeker A holder of a Temporary Protection Visa

A holder of a Special Category Visa (sub-class 444)

Other _____

Please note: To be eligible for a Government funded place in a course, you will be asked to provide evidence. If you cannot provide evidence of permanent Australian Residency, you will not be eligible. You can apply for a Fee-for-Service place in a class if a place is available.

Office Use Only: Evidence of residency sighted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff Initial: _____
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Concession Type (please tick) **Evidence of concession must be photocopied and attached**

- | | | | |
|---------------------------------------|--------------------------|-------------------------------|--------------------------|
| None | <input type="checkbox"/> | | |
| Pensioner Concession Card | <input type="checkbox"/> | Health Care Card | <input type="checkbox"/> |
| Veteran Gold Card Concession | <input type="checkbox"/> | VCE Scholarship | <input type="checkbox"/> |
| Job Seeker and Concession Card Holder | <input type="checkbox"/> | Job Seeker no Concession Card | <input type="checkbox"/> |
| Prisoner | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Employment Status

- | | | | |
|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Full time employee | <input type="checkbox"/> | Employed - unpaid family worker | <input type="checkbox"/> |
| Part time employee | <input type="checkbox"/> | Unemployed - seeking full time work | <input type="checkbox"/> |
| Self employed - not employing others | <input type="checkbox"/> | Unemployed - seeking part time work | <input type="checkbox"/> |
| Employer | <input type="checkbox"/> | Not Employed - not seeking employment | <input type="checkbox"/> |
| Not stated | <input type="checkbox"/> | | |

If employed, please state occupation: _____

Study Reason

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| To get a job | <input type="checkbox"/> | It was a requirement of my job | <input type="checkbox"/> |
| To develop my existing business | <input type="checkbox"/> | I wanted extra skills for my job | <input type="checkbox"/> |
| To start my own business | <input type="checkbox"/> | To get into another course or study | <input type="checkbox"/> |
| To try for a different career | <input type="checkbox"/> | For personal interest or self development | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please Specify

Previous Study

Are you still attending Secondary School? Yes No

If no, what is your highest Secondary School level? _____ When: _____

Have you successfully completed any of the following qualifications in Australia?

- | | | | |
|--------------------------------------|--------------------------|---|--------------------------|
| Bachelor Degree or Higher | <input type="checkbox"/> | Certificate I | <input type="checkbox"/> |
| Advanced Diploma or Associate Degree | <input type="checkbox"/> | Certificate II | <input type="checkbox"/> |
| Diploma or Associate Diploma | <input type="checkbox"/> | Certificate III or Trade Certificate | <input type="checkbox"/> |
| Certificate other than listed | <input type="checkbox"/> | Certificate IV or Advanced Certificate/Technician | <input type="checkbox"/> |

Medical Status - providing information about a disability will not disadvantage your application. It is collected to ensure that we provide appropriate information on support services available to students.

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

Do you require special assistance? Yes No

If yes then please indicate the area/s of disability, impairment or long-term condition.

(You can indicate more than one)

- | | | | | | |
|-------------------|--------------------------|---------------------------|--------------------------|--------------|--------------------------|
| Hearing/Deaf | <input type="checkbox"/> | Physical | <input type="checkbox"/> | Intellectual | <input type="checkbox"/> |
| Mental Illness | <input type="checkbox"/> | Acquired Brain Impairment | <input type="checkbox"/> | Vision | <input type="checkbox"/> |
| Medical Condition | <input type="checkbox"/> | Learning | <input type="checkbox"/> | Other | <input type="checkbox"/> |



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Where did you learn about this course ?

Term Program Friend Lyrebird's Website

Local Newspaper Notice Board Job Service Agency

Other (please specify) _____

Would you like us to send you notifications about courses by email ? Yes No

Children's Activities Only

1. First Name _____ Surname _____

Date of Birth _____ Gender Female Male

2. First Name _____ Surname _____

Date of Birth _____ Gender Female Male

3. First Name _____ Surname _____

Date of Birth _____ Gender Female Male

Does your child have any allergies, sensitivities or dietary restrictions? Yes No

If yes, please give details: _____

Please note: If you are enrolling in a Children's Activity aged 6 - 12 years, all children must be dropped off and picked up by an adult/guardian inside the Centre.

Fees

A deposit of 50% is payable to confirm your place in a course. Full payment is required seven days prior to course commencing. Payments can be made in person by cash, EFTPOS, Visa/MasterCard or cheque. We also accept credit card payments over the phone. Cheques should be made payable to "Lyrebird Community Centre Inc". Third party payments will be charged the full price. Where students are enrolled in courses by agencies assisting or advocating on behalf of those students and the agency is funded (usually by the Commonwealth) to assist those students and will be paying the fee, the full fee applies. There will be no classes on public or school holidays (except in special pre-arranged circumstances).

Refunds

Lyrebird Community Centre is not responsible for changes in participants circumstances. Courses should be chosen carefully. Programs are run subject to enrolment numbers and therefore courses with low enrolments may be cancelled or deferred. If Lyrebird Community Centre should cancel a course, we will notify you and a full refund will be given. If a participant cancels during a course or up to 7 days prior to a course commencing, no refund will be given. Prior to this a refund will be given, less a \$10 administration cost. For further information regarding the refund policy contact Lyrebird Community Centre. Lyrebird Community Centre reserves the right to change course days, rooms, fees and tutors when necessary.

Privacy

Lyrebird Community Centre acknowledges and respects the privacy of all individuals. We are required to provide student and training activity data (which may include information provided in this enrollment form) and statistical data to government funding bodies, including the Victorian Government through Skills Victoria. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I understand that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

All data collected is managed in line with the Privacy & Data Protection Act 2014, the Education and Training Reform Act 2006 and the Charter of Human Rights and Responsibilities Act 2006 (Vic) and its principals. Lyrebird Community Centre observes all relevant information and treats all communication as confidential.

Student / Participant Declaration

The above named student / participant, does indemnify Lyrebird Community Centre in respect of all claims, demand action and suits arising out of a breach of any of the said legislation, laws, or by-laws, and any associated obligation, and for any related expenses and costs incurred by Lyrebird Community Centre.

I acknowledge that as a student / participant that Lyrebird Community Centre together with its staff and volunteers will not accept responsibility for any personal loss, injury or damage as a result of my/our attendance. I have read and understand the Centre's Refund Policy.

I acknowledge that I may be photographed or filmed during my attendance at Lyrebird Community Centre. Photographs or videos may be used for program records, brochures, website, newspapers or other promotional purposes.

I understand and consent that the information contained in this form may be provided to State and Commonwealth agencies. I declare to the best of my knowledge the information entered on this form is true and correct.

Consent / Declaration / Signature

I _____ by clicking on the "**Sign & Submit**" button below, agree that I have read and understand all of the information above.