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ENROLMENT DETAILS FORM 2017

Enrolment & payment for programs to be made at 180-182 Widford Street, Broadmeadows Vic 3047
 Phone: 9302 2131 Email: dallasnh.info@gmail.com Website: www.dallasnh.org.au

PARTICIPANT DETAILS

TITLE	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/>	Asylum Seeker/Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Type/No. _____ Immi Card/Passport No. _____ Country of Passport/ImmiCard _____
	Country you born in? _____ Cultural background? _____	
First Name		Surname
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth / /	Is participant under 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, parent or guardian please complete details over page.
Phone - Home		Mobile
		Work
Address		
Suburb		Postcode
		Email
Do you give permission to SMS and / or Email information to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Person (full name)		Relationship
Emergency Contact Number		
Would you like to be a Dallas Neighbourhood House Member? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If claiming concession please complete the details directly below		
Concession Card # Expiry Date:		
Do you have a long term condition, impairment or disability, health or behavioural issues or a medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please complete below. Please let us know how we may support your requirements, particularly in an emergency situation eg. current medications, symptoms and signs. Please notify us if you will be supported by a person with a companion card.		
Hearing/Deaf <input type="checkbox"/>	Acquired Brain Impairment <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Medical Condition <input type="checkbox"/>	Unspecified <input type="checkbox"/>	Other <input type="checkbox"/>
.....		
<input type="checkbox"/> Health Plan/Medical Clearance attached (if applicable)		

PROGRAM DETAILS

Name of Program	Start Date & Start Time	Fee Payable	Receipt #

Are you of Aboriginal and/or Torres Strait Islander origin? (Optional) Yes No

Are you a Forgotten Australian? (Optional) Yes No

Do you have a FULL Australian VCE, VCAL or a Certificate III? Yes No

Are you working? Yes No or intending to work? Yes No

What language/s do you speak?

What is your preferred language?

How well do you speak English? Very well Well Not very well Not at all

What is your highest completed school level?

Completed Year 12 Completed Year 9 or equivalent Special School Completed Year 11 Completed Year 8 or lower
Completed Year 10 Did not go to school

Have you successfully completed any of the following? Yes No

Bachelor Degree/Higher Degree Certificate III (or Trade Cert.) Advanced Diploma/Assoc. Diploma
Certificate II Certificate IV (or Adv. Cert. /Tech) Certificate I

If you have ticked any of the above, is your qualification Australian Qualification Australian Equivalent International

Do you hold any other Australian Qualifications Yes No Please specify: _____

If employed, which best describes your current employment status?

Full time employee Employer Self employed Retired Part time employee Seeking full-time work
Seeking part-time work No employed/ Not seeking employment

If employed, please state occupation

Do you volunteer for any club or organisation? Yes No Specify where:

What type of concession type applies to you?

Age pension Sickness allowance Youth allowance Carer's pension
Mature age allowance Special benefit/Low income Disability supp. pension Wife pension
Parenting payment/single Newstart mature age Newstart allowance Partner allowance
Family allowance supp. Other None

Privacy Statement: I understand that: Dallas Neighbourhood House Inc is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in the Dallas Neighbourhood House Inc Enrolment Details 2015 form. Information is required to be provided in accordance with the Victorian VET Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. For more information in relation to how student information may be used or disclosed please contact Dallas Neighbourhood House's Privacy Officer on 03 93022131 or admin@dallasnh.org.au.

Yes No I acknowledge and agree to the terms described in this privacy statement.

How did you find out about this Program?

DNH Website Newspaper advertisement/article Flyer/Poster Local Paper Facebook/Twitter
 Visiting DNH Electronic Newsletter Word of Mouth DNH Course & Activity Guide
 Referred by Agency..... Other (please list)

CONSENT TO COLLECT AND DISCLOSE PERSONAL IMAGES/PHOTOS

I give I do not give my consent to Dallas Neighbourhood House to collect and disclose photographs/images of and by myself (insert name) for the purpose of promoting Dallas Neighbourhood House.

Dallas Neighbourhood House use photos of individuals and their activities in promotions and advertising, which may include newsletters, posters, local newspapers, websites, social media and other opportunities to promoting Dallas Neighbourhood House in printed and electronic formats.

I understand and agree that if I wish to withdraw this authorisation it will be my responsibility to inform Dallas Neighbourhood House of this and if there is any issue that I am unsure of, I will ask for the issue to be explained to my satisfaction by Dallas Neighbourhood House staff.

Student/Participant Declaration

I have read and accept the Conditions of Enrolment at Dallas Neighbourhood House Inc, including the Privacy Statement and Payment Details (including Refunds). I declare that the information I have provided on this form, including that which is relevant to my eligibility for government funding, is accurate and complete.

Signature _____ Date _____ / _____ / 2017

Date	Comments	Time
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