



# ENROLMENT FORM 2023



CommunityHub

Please use **BLOCK** letters to complete this form.  
The surname and given names written on this form will be used on any acknowledgment of this course.

Community Hub Inc.  
34 Connor Street, Colac 3250  
Learn Local Organisation: 29517  
Telephone: (03) 5231 2822  
(P.O. Box 14, Colac 3250)  
ICN: A0050641H  
ABN: 72 520 616 643

*[Office Use Only]*

STUDENT ID: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

**SURNAME**

**GIVEN NAMES**

<p><b>CITIZENSHIP STATUS: Please tick</b></p> <p>Australian Citizen <input type="checkbox"/></p> <p>Permanent Resident of Australia <input type="checkbox"/></p> <p>New Zealand Citizen <input type="checkbox"/></p> <p>Visa holder <input type="checkbox"/></p>	<p><b>Do you have a medicare card?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes, what colour is it?</b></p> <p>Green <input type="checkbox"/> Blue <input type="checkbox"/></p>
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<p><b>DATE OF BIRTH</b></p> <input type="text"/>	<p><b>GENDER</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Indeterminate / Intersex / Unspecified</p>
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<p><b>ADDRESS</b></p> <input type="text"/>	<p><b>POSTCODE</b></p> <input type="text"/>
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<p><b>POSTAL ADDRESS</b> <i>(If different from above)</i></p> <input type="text"/>	<p><b>POSTCODE</b></p> <input type="text"/>
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<p><b>HOME PHONE</b></p> <input type="text"/>	<p><b>MOBILE</b></p> <input type="text"/>
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**EMAIL**

**EMERGENCY CONTACT:**

Friend  Guardian  Parent  Spouse/Partner

Name  Phone:

**In which country were you born ?**

**Australia (please tick)**

**Other, please specify**

**Do you speak a language OTHER THAN English at home ?**

**No**  **English only**

**Yes**  **which language do you usually speak ?**

**Are you of Aboriginal or Torres Strait Islander Origin ?**

**NO**

**YES, Aboriginal**

**YES, Torres Strait Islander**

**Do you consider yourself to have a disability, impairment or long-term condition ?**

**YES**

**NO**

If Yes, please indicate the areas of disability, impairment or long-term condition [you may indicate more than one area]

Vision/sight

Hearing/Deaf

Physical

Intellectual

Mental Illness

Acquired Brain Impairment

Medical Condition

Other Disability

Learning

Details:

**What is your HIGHEST COMPLETED school level ? Tick one box only**

Completed Year 12

Completed Year 11

Completed Year 10

Completed Year 9 or equivalent

Completed Year 8 or lower

Never attended School

**Are you still attending Secondary School ?**

**YES**

**NO**

**Have you successfully completed any of the following qualifications ?**

YES

NO

If YES, please enter **one** of these Prior Education Achievement Recognition Identifiers for all applicable qualification levels

A = Australian

E = Australian Equivalent

I = International

A	E	I	
			Bachelor Degree or Higher Degree
			Advanced Diploma or Associate Degree
			Diploma or Associate Diploma
			Certificate IV or Advanced Certificate/Technician
			Certificate III or Trade Certificate
			Certificate II
			Certificate I
			Certificates other than above

Note: if you have multiple identifiers for any one qualification level then use the following priority order to determine which identifier to use.

1. A—Australian

2. E – Australian Equivalent

3. I—International

**Of the following categories, which BEST describes your current employment status ?  
Tick ONE box only**

Full Time Employee

Employed – Unpaid Worker in a Family Business

Part Time Employee

Unemployed – Seeking Full-Time Work

Self-Employed—Not employing others

Unemployed – Seeking Part-Time Work

Self-employed—Employing others

Not Employed – Not Seeking Employment

**Which of the following classifications BEST describes your current or recent occupation?**

(Tick ONE box only. Ignore this question if you are unemployed.)

Managers

Clerical and Administrative workers

Professionals

Sales Workers

Technicians and Trade workers

Machinery Operators and Drivers

Community and Personal Service Workers

Labourers

Other

**Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only)** If unemployed go to next question.

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing          | <input type="checkbox"/> Information Media and telecommunications        |
| <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Financial and Insurance Services                |
| <input type="checkbox"/> Manufacturing                              | <input type="checkbox"/> Rental, Hiring and real Estate Services         |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Administrative and Support services             |
| <input type="checkbox"/> Wholesale Trade                            | <input type="checkbox"/> Public Administration and Safety                |
| <input type="checkbox"/> Retail Trade                               | <input type="checkbox"/> Education and Training                          |
| <input type="checkbox"/> Accommodation and Food Services            | <input type="checkbox"/> Health Care and Social Assistance               |
| <input type="checkbox"/> Transport, Postal and Warehousing          | <input type="checkbox"/> Arts and recreation Services                    |
|   | <input type="checkbox"/> Other Services                                  |

**Of the following categories, which BEST describes your main reason for undertaking this course ? [tick one box only]**

- |   |   |
|---|---|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> It is a requirement of my job              |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> I want extra skills for my job             |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> To get into another course of 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 reasons                              |
|   | <input type="checkbox"/> To get skills for Community/voluntary work |

**VICTORIAN STUDENT NUMBER (VSN) TO BE COMPLETED BY ALL STUDENTS AGED UP TO 24 YEARS**

**ENTER YOUR VSN**  
(if known)

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**Go to the next section**  
**if you entered your VSN**

If you do not know your VSN then complete the following information and the Victorian Student Register will tell us what your number is.

Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

**NO** I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011

**OR**

YES I have attended a Victorian school since 2009.  
The MOST RECENT school that I attended was

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**AND/OR**

YES I have participated in training at a TAFE or other training organisation in Victoria since 2011  
(Name up to 3 training organisations)

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CommunityHub

## STUDENT ENROLMENT PRIVACY NOTICE

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

**Collection of your data** Community Hub Inc is required to provide the Department with student and training activity data. This includes personal information collected in this enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI) if applicable. Currently Community Hub does not collect the USI as this only applies to accredited training delivery. Community Hub Inc provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

**Use of your data** The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate. The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

**Disclosure of your data** As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

**Legal and Regulatory** The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

**Survey Participation:** You may be contacted to participate in a survey conducted by NCVER or a Department endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note that you may opt out of the NCVER survey at the time of being contacted.

**Consequences of not providing your information** Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

**Access, correction and complaints:** You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For more information please contact Community Hub Inc on phone 03 5231 2822 or email [executive@communityhubinc.org.au](mailto:executive@communityhubinc.org.au).

### **Further information**

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to [Victorian State Government Education and Training](#) website.



**I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice on page 5 of this enrolment form.**

**I have provided accurate personal information as required by the Department of Education and Training who provide funding to support the delivery of this course.**

**SIGNATURE**

**DATE:**

Proof of concession must be provided at the time of enrolment to access concession fees.  
If applicable, provide any referral forms or purchase orders from agencies/organisations that are going to pay your fees.

**CONCESSION STATUS (please record your details and tick the relevant box).  
Your current concession card MUST be photocopied for our records.**

Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

If you are the dependent of a person with one of these concessions and are named on their concession card then you are also entitled to the concession fee.

HEALTH CARE CARD	H	
PENSIONER CONCESSION CARD	P	
VETERAN GOLD CARD	V	
NONE	Z	

**This SECTION is for OFFICE USE ONLY**

**MODULE NAME:**

**LOCATION: Hub, COLAC**

**SCHEDULED COMMENCEMENT DATE:**

**TRAINER: \_\_\_\_\_**

**State Funding Code: ACE**

**Total Nominal Hours for this enrolment \_\_\_\_\_**

**Total Fee: \$ \_\_\_\_\_, concession \$ \_\_\_\_\_**

**Date Paid: \_\_\_\_\_**

**Receipt No. \_\_\_\_\_**