



Victorian Student Number (VSN) _____
Yes, but VSN is unknown _____
No the Student has never been issued a VSN _____
Applicable only if under 25yo

Enrolment Form 2021.

Course or Unit Name:

Course or Unit Code: Start: / / Finish: / /

Withdrawn: (Withdrawal) document received ____/____/____

Surname: _____ **First Name:** _____
Former Name (if applicable) _____

Date of Birth: ____/____/____ **Gender:** Male [] Female: []

Phone (Home): _____ **Phone(Work):** _____
Mobile: _____ **Email:** _____

Street Address: _____

Town/Suburb: _____ **Postcode:** _____

Postal Address if not the same as above: _____

Are you of Aboriginal or Torres Strait Islander Origin? Yes [] No []
If YES, which one? Aboriginal [] Torres Strait Islander []

Were you born in Australia? Yes [] No []

If NO, in which country were you born? _____

Are you still attending secondary school? Yes [] No []

What is your highest COMPLETED school level?
Year 12 []
Year 11 []
Year 10 []
Year 9 []
Year 8 or below []

In which YEAR did you complete that school level? _____

Do you speak a language OTHER THAN English at home? Yes [] No []

If YES, which language do you usually speak? _____

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

Of the following categories, which ONE best describes your current employment status?

Full time employee []	Employed – unpaid family worker []
Part-time employee []	Unemployed seeking full-time work []
Self employed – not employing others []	Unemployed seeking part-time work []
Employer []	Not employed – not seeking employment []



Please complete next page including signature.

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

If YES, please indicate which area of disability, impairment or long term condition you have.

Hearing/Deaf []	Intellectual []	Acquired Brain Injury []	Learning []	Other []
Physical []	Mental Illness []	Medical Condition []	Vision []	

Have you SUCCESSFULLY COMPLETED any of the following qualifications? Yes [] No []

If YES, tick any applicable boxes

- Bachelor Degree or Higher []
- 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 []

Of the following categories which BEST describes your main reason for undertaking this course/training.

Tick ONE box only

- 1. To get a job []
- 2. To develop my existing business []
- 3. To start my own business []
- 4. To try for a different career []
- 5. To get a better job or promotion []
- 6. It was a requirement of my job []
- 7. I wanted extra skills for my job []
- 8. To get into another course of study []
- 9. For personal interest or []
- 10. For self development []
- 11. Other reasons []

Pension Card Number: _____ photocopy yes { } No []

Pension Card Type: _____

Student Enrolment Privacy Statement:

I understand that: Old Courthouse Community Centre is required to provide to the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide on this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (<http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>) The department may use the information provided for planning, administration, policy development, program evaluation, communication, 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 have been advised by the training organisation that I may be contacted and requested to participate in a national Centre for Vocational Education research survey or a department endorsed project, audit or review.

The Education and Training Reform Act 2006 requires the Old Courthouse Community Centre to collect and disclose my personal information for a number of purposes including allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register. Student Eligibility (<http://education.vic.gov.au/training/vet/pages/funding.aspx>)

For Students eligible for VET Fee Help, the following privacy statement also applies

Old Courthouse Community Centre is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. Old Courthouse Community Centre will disclose this information to the Department of Industry, Innovation, Science, Research (DIISRTE) for those purposes. DIISRTE will store the information securely in the Higher Education Information Management System. DIISRTE may disclose the information to the Australian Taxation Office. The Old Courthouse Community Centre and DIISRTE will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact the Adult Education Coordinator on (03)55812139 Tuesday 9.30am to 4pm and Wednesday 9.30 to noon outside of these hours the Old Courthouse Community Centre on (03) 55812139 Tuesday to Friday 9.30 am to 4pm or email: nh@ochcasterton.com.au

I acknowledge and agree to the terms described in this privacy statement:

Student Signature: _____

Date: _____

Old Courthouse Committee of Management Inc. RTO 6378

Trading as Old Courthouse Community Centre. ABN: 28 098 538 238

Location: 31 Henty Street Casterton. Vic. 3311 **Postal Address:** PO Box 118. Casterton 3311. **Phone:** 03 55812139

email: nh@ochcasterton.com.au **Website:** <http://www.oldcourthousecommunitycentre.com.au>

reviewed 19/03/21