



# Macleay Valley Community College Inc

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## ENROLMENT FORM

### ENROLMENT INFORMATION

- Classes are open to:
  - \* Australian citizens and permanent residents of Australia over 17 years of age
  - \* Young people aged 15-17 years, who have completed Year 10 of secondary education, and must provide a copy of their Year 10 Certificate at time of enrolment.
- Enrolments are taken in order of receipt. Payment is required 72 hours prior to course commencement to secure enrolment.
- Class sizes are predetermined and final selection will be in order of receipt of payment.
- If courses are cancelled due to any reason, students will be contacted and given the option of transferring to another course or of receiving a full refund.
- Where a refund applies, students will be forwarded a cheque within 7 days.

### REFUND POLICY

- A full refund will be issued if: a) MVCC cancels a course prior to its commencement, or b) if a student has unique or extenuating circumstances which prevent their attendance. These cases will be assessed on an individual basis.
  - Students are entitled to a full refund, less a \$5.00 administration charge, if 7 days notice of cancellation is received. Cases where less than 7 days notice of cancellation is received will be assessed on an individual basis.
  - There will be no refunds issued after a course has commenced unless, in the opinion of the organisation, the course and/or its delivery has not met the reasonable expectations of the students or the Manager.
- I accept full responsibility for any injury to myself, or for loss or damage to my personal property as a result of my participation in courses and/or activities conducted by or in association with Macleay Valley Community College Inc.
  - I understand that I may be randomly selected to participate in surveys conducted by, or in conjunction with the NSW Department of Education and Training (DET).
  - I understand and accept the terms and conditions of enrolment as stated above.

<b>Signature</b>	<b>Date</b>
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### COURSE INFORMATION

<b>Course Name</b>			
<b>Are you claiming a concession</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, please enter Concession Card No.</b>	
<b>Payment Amount</b>	\$	<b>GST</b>	\$
		<b>Receipt No.</b>	

### CONTACT INFORMATION

<b>Full Name</b> (As shown on birth certificate, passport or drivers licence)		
<b>NB: If enrolling in a Nationally Accredited Course, you are required to show one of the above documents as proof of identity.</b>		
<b>Address</b>		
<b>Telephone</b>	<b>Email</b>	
<b>Date of Birth</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

### OFFICE USE ONLY

Document Number	Document Type	Sighted By	
	<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	<b>Name</b>	<b>Signature</b>

## COMMUNITY PROFILE

Community Colleges are encouraged to collect data from participants to assist with educational planning at a local, regional, state and federal level. As such, we would appreciate if you would complete this questionnaire. You WILL NOT be identified.

**In which country were you born?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please state which country) |
|------------------------------------|---|

**What language do you speak at home?**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Other (please state which language) |
|----------------------------------|--|

**If you speak OTHER THAN English at home, do you speak English**

- |                                    |                               |                                   |                                     |
|------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all |
|------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|

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

- |                             |                              |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Aboriginal<br><input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Aboriginal & Torres Strait Islander |
|-----------------------------|------------------------------|--|

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

- |                             |                              |   |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Hearing/Deaf<br><input type="checkbox"/> Physical<br><input type="checkbox"/> Intellectual<br><input type="checkbox"/> Learning<br><input type="checkbox"/> Mental Illness<br><input type="checkbox"/> Acquired Brain Impairment<br><input type="checkbox"/> Vision<br><input type="checkbox"/> Medical Condition<br><input type="checkbox"/> Other (please state) |
|-----------------------------|------------------------------|---|

**What level of schooling did you complete?**

- |  |                                  |                                  |                                  |
|--|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Year 9 or lower | <input type="checkbox"/> Year 10 | <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 12 |
|--|----------------------------------|----------------------------------|----------------------------------|

**In which year did you complete this schooling?**

**Which of the following BEST describes your current employment status?**

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

**Have you COMPLETED any education or training since leaving school?**

- |                             |                              |   |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Bachelor Degree or higher<br><input type="checkbox"/> Advanced Diploma or Associate Degree<br><input type="checkbox"/> Diploma or Associate Diploma<br><input type="checkbox"/> Certificate IV or Advanced Certificate<br><input type="checkbox"/> Certificate III or Trade Certificate<br><input type="checkbox"/> Certificate II<br><input type="checkbox"/> Certificate I<br><input type="checkbox"/> Certificates other than the above<br><input type="checkbox"/> Statement of Attainment<br><input type="checkbox"/> Non-Award education or training courses |
|-----------------------------|------------------------------|---|