

2012

Enrolment Form

Payment is required to secure your place
Payment Options:
Phone in: Secure your place by giving your credit card details on 9842 6726
Walk in: Bring this completed enrolment form together with cash, cheque, money order or credit/efpos card to our Centre at: 1/520 Blackburn Road, Doncaster East
www.pineslearning.com.au info@pineslearning.com.au

Personal Details (Please print clearly)

(Mr/Mrs/Miss/Ms) First Name Surname

Date of Birth / / 19..... Phone (Home)

Phone (Work) Phone (Mobile)

Email:

Would you like to receive our Brochure and other information via email? Yes No

Home/Postal Address

Suburb Postcode

Emergency Contact Name Phone No. Mobile

Relationship to you:

From time to time Pines Learning takes photographs of events and publishes them in the local newspaper or posts them on our website for marketing purposes.

Do you give permission for your photo to be taken and published? Yes No

How did you hear about Pines Learning or this course?

- | | | |
|---|--|---|
| 1. Pines Learning | 2. Local Papers - | |
| <input type="checkbox"/> Brochure mail out | <input type="checkbox"/> Manningham Leader | <input type="checkbox"/> Melbourne Weekly Eastern |
| <input type="checkbox"/> Brochure email | <input type="checkbox"/> "What's on" section | <input type="checkbox"/> "See & Do" section |
| <input type="checkbox"/> Brochure in local paper | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Story / Article |
| 3. Pines Learning website <input type="checkbox"/> | 4. Friend/Word of mouth <input type="checkbox"/> | 5. School Newsletter <input type="checkbox"/> |
| 6. Employment Agency <input type="checkbox"/> Which Agency? | | 7. Other |

What other courses have you done at PL in the past 12 months? Please list name of course/s

1..... 2

3. 4.

Course and Fee details

Name of Course	Course Code	Start Date	Course fee

Concession rates apply for Pensioner Concession Card, Commonwealth Health Care Card and Veterans Gold Card holders. A copy of your concession card is required at enrolment. For further details please see the relevant Program Coordinator

ARE YOU CLAIMING CONCESSION? Yes No

If Yes, what type? (e.g. Health care, Pension or Veterans)..... Expiry date:.....

Office Use:
Copy obtained

THE INFORMATION ON THE NEXT PAGE IS REQUIRED BY OUR FUNDING BODIES

Please complete all questions on each page of this form

Language and Cultural Diversity

- Are you of Aboriginal or Torres Strait Islander descent? No Yes, Aboriginal Yes, Torres Strait Islander
- Country of Birth: Australia? Yes No If No, Country of Birth is
- Are you an Australian Citizen? Yes No Are you an Australian Permanent Resident (holder of a permanent visa)? Yes No
- Are you a holder of a Special Category Visa (sub class 444, New Zealand citizen)? Yes No Are you an East Timorese asylum seeker Yes No
- Are you a holder of a Temporary Protection Visa? Yes No
- Do you speak another language other than English at home? (If more than one language, please indicate the one that is spoken most often) No, English only Yes, other Please specify
- If English is not your first language, how well do you speak English? Very well Well Not well Not at all

Schooling

- Did you complete your schooling in Victoria? Yes No If no, when did you move to Victoria?
- Do you have a VSN (Victorian Student Number)? No Yes If yes, VSN
- What is your highest COMPLETED school level? (Tick ONE box only)
- Did not go to school Year 8 or lower Year 9 or equivalent Year 10
- Year 11 Year 12 Year completed:

Employment

- Please indicate your current employment status? (Tick ONE box only)
- Full time employee Employed - unpaid worker in family business
- Part time employee Unemployed - seeking full-time work
- Self employed - not employing others Unemployed - seeking part-time work
- Employer Not employed - not seeking employment

Disability

- Do you consider yourself to have a disability, impairment or long term condition? Yes No
- If yes, please indicate area of disability, impairment or long term condition: (You may indicate more than one area)
- Acquired brain impairment Medical condition
- Hearing/Deaf Mental Illness
- Intellectual Physical
- Learning Vision Other

Please inform Reception or relevant Program Coordinator prior to commencement of your course of any injury, illness or disability that may affect your participation

Previous qualifications achieved

Please indicate if you have successfully **COMPLETED** any of the following qualifications (Non Australian qualifications are not recognised unless equivalency has been formally established with a qualification within the AQTF Framework)

- Advanced Diploma or Associate Degree Certificate III (or Trade Certificate)
- Bachelor Degree or Higher Degree Certificate IV Adv. Certificate/Technician
- Certificate I Diploma (or Associate Diploma)
- Certificate II Certificates other than the above

Reason for study

- What is the main reason for enrolling in this course? (Tick one box only)
- To get a job It was a requirement of my job
- To get a better job or promotion I wanted extra skills for my job
- To develop my existing business To get into another course of study
- To start my own business For personal interest or self development
- To try for a different career Other reasons

Please complete all questions on each page of this form

Privacy Statement

I understand that:

Pines Learning is required to provide the Victorian Government, through Skills Victoria or the ACFE Board, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data).

Skills Victoria and the ACFE Board 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 and ACFE Board 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 Pines Learning's Privacy Officer or phone 9842 6726 or email info@pineslearning.com.au. I acknowledge and agree to the terms described in this privacy statement:

Signature:

Victorian Registration and Qualifications Authority (VRQA) guidelines (V. E .T. students only)

The following clause is a requirement of the Victorian Registration and Qualifications Authority (VRQA) guidelines:

I have read and understand the cost of all fees relating to this course of study as specified in the current Pines Learning Courses and Activities Brochure.

In addition to course costs I acknowledge that I may be required to pay an additional fee in the following circumstances:

- If there is a need to be re-assessed for a unit of work after being offered the opportunities and support available throughout the duration of the course of study. This may include an assignment submitted late, beyond an agreed extension date.
- If a student is required to undertake a further workplace assessment in addition to those allowed for throughout the duration of the course.

In the event of either of the above events occurring a fee of \$53/hour for any extra one to one tutor time will be charged.

In the event that a student withdraws, cancels or transfers prior to the completion of their qualification, a Statement of Attainment will be produced at no charge providing student has paid in full for the tuition related to the units obtained.

Signature:

Disclaimer and Declaration (Translations available on request)

Representations and Acknowledgements:

- * There are no medical reasons or pre-existing illness/es or injury/ies preventing me from participating in the class or activity for which I am applying/enrolling and I am physically capable of performing the requirements relating to this class or activity.
- * To the maximum extent permitted by law, I acknowledge that Pines Learning gives no warranties in respect of the facilities and equipment it provides, and makes no representation as to the suitability of classes or activities for any individual.
- * I authorise Pines Learning to seek emergency medical, hospital, ambulance services or treatment as is deemed necessary on my behalf while attending the centre. I also understand that Pines Learning bears no responsibility and will indemnify Pines Learning for costs incurred as a result.
- * I acknowledge that I will not hold Pines Learning (or any of its employees) responsible for any personal injury (caused by negligence or otherwise), either direct, indirect, resulting or consequential, or any loss, expense, damage or injury suffered by me or to my property.
- * I acknowledge that Pines Learning is committed to safeguarding students' privacy, however situations may arise which require the disclosure of my personal information. I understand that Pines Learning acknowledges and adheres to the National Privacy Principles of the *Privacy Act 1988* (Cth) as amended.
- * I confirm that I have received a copy of the Student Information Handbook.

Liability:

- * Pines Learning excludes, to the maximum extent permitted by law, all liability for any personal injury and any direct or indirect or consequential loss, damage or expense.
- * To the maximum extent permitted by law, I hereby release and will indemnify and keep indemnified Pines Learning for any injury or loss suffered by me whilst on Pines Learning's premises.

Declaration

I declare that, to the best of my knowledge, the information supplied by me on this form is true and correct. I have read and accept the conditions of enrolment as per the Student Information Handbook, including the fee refund policy

Signature:

Date: