

# 2008 ENROLMENT FORM ARRABRI COMMUNITY HOUSE

Allambanan Drive, Bayswater North 3153 (Melway Ref 65 B1) 9294 7530 [www.arrabri.com](http://www.arrabri.com)



**SECTION A – PERSONAL DETAILS** THIS SECTION MUST BE COMPLETED Student ID.....

Mr/Mrs/Ms/Miss Surname:..... Other Names: ..... Date of Birth:.....

*I have read and understood the enrolment Terms and Conditions.*

Signed:..... Date: .....

**SECTION B**

Address: ..... Postcode: .....

Telephone: (H) ..... (W) ..... (M) .....

Email Address.....

Male  Female Emergency Contact Person: ..... Phone: .....

**SECTION C - ENROLMENT DETAILS**

Course Title	Code	Commencing	Course Fee	Amenities Fee	Total
		Rec No.			

**SECTION D – PAYMENT**

- Cash (in person)       EFTPOS (in person)  
 Cheque attached (Please make cheques payable to **MAROONDAH CITY COUNCIL**)  
 Charge my credit card      Type: Visa / MasterCard / Bankcard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

**SECTION E- STATISTICAL DATA**

**Country of birth:**..... **Language spoken at home:** .....

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

**Are you:**  Aboriginal  Torres Straight Islander

**Do you consider yourself to have a disability?**

Yes / No

- Acquired Brain Impairment     Hearing/Deaf       Intellectual       Learning       Medical Condition  
 Mental Illness                       Vision               Physical           Other *Please State*.....

**If you have any particular needs, please talk to our staff about how we can support your participation in our program.**

**Employment status:**

- (01) Full time paid employee       (05) Employed-unpaid family worker  
 (02) Part time paid employee       (06) Unemployed-s seeking full time work  
 (03) Self employed, not employing others       (07) Unemployed-seeking part time work  
 (04) Employer       (08) Not employed, not seeking employment, retired

**Highest secondary school level completed:**  Year 12  Year 11  Year 10  Year 9 or lower

**Which year did you complete that school level** \_\_\_\_\_ **Are you still Attending School?**  Yes  No

**Prior education achievement:**

- Diploma Level       Advanced Diploma & Associate Degree  
 Bachelor Degree or Higher Degree Level       Certificate I       Certificate II       Certificate III  
 Certificate IV       Miscellaneous Education

**What is the reason for enrolling in this course? (please tick)**

- (01) To get a job       (04) To try for a different career       (07) I wanted extra skills for my job  
 (02) To develop my existing business       (05) to get a better job or promotion       (08) to get into another course  
 (03) To start my own business       (06) It was a requirement of my job       (11) Other Reasons  
 (12) For personal interest or Self Development

**Concession type (if applicable):** Benefit Card #..... Copy Attached  Yes  No

- Youth Training Allowance       Youth Allowance-unemployed       Widow's pension       Special Benefits  
 Sickness Allowance       Newstart       Carer's pension  
 Disability Support Pension       Additional family payment       Age pension

