



**Bellarine Training and Community Hub TOID 20459  
NON ACCREDITED STUDENT ENROLMENT FORM**



Course name		Course code	
1. Family Name:		Title:	
Given Names:			
3. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersexual/Unspecified	2. Date of Birth:	
4. Home phone No:		Mobile Phone No:	
Email address		Contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email
5. Usual Residential address:			
6. Postal address: If different from above		Post code:	
Town/City of birth			
<b>Where did you hear about this course?</b>			

**7. Which of the following classifications BEST describes the industry of your current or previous employer?**

<input type="checkbox"/> A. Agricultural, forestry & fishing <input type="checkbox"/> B. Mining <input type="checkbox"/> C. Manufacturing <input type="checkbox"/> D. Electricity, Gas, Water and Waste services <input type="checkbox"/> E. Construction <input type="checkbox"/> F. Wholesale Trade <input type="checkbox"/> G. Retail trade <input type="checkbox"/> H. Accommodation and Food Services	<input type="checkbox"/> I. Transport, Postal and Warehousing <input type="checkbox"/> J. Information media and telecommunications <input type="checkbox"/> K. Financial and Insurance services <input type="checkbox"/> L. Rental, Hiring and Real Estate <input type="checkbox"/> M. Professional, Scientific and Technical Services	<input type="checkbox"/> N. Administrative and Support Services <input type="checkbox"/> O. Public Administration and Safety <input type="checkbox"/> P. Education and Training <input type="checkbox"/> Q. Health care and social services <input type="checkbox"/> R. Arts and recreation Services <input type="checkbox"/> S. Other services
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**8. Which of the following classifications best describes your current occupation?**

<input type="checkbox"/> 1. Manager <input type="checkbox"/> 2. Professional <input type="checkbox"/> 3. Technicians & trade workers	<input type="checkbox"/> 4. Community & personal service worker <input type="checkbox"/> 5. Clerical & administrative worker <input type="checkbox"/> 6. Sales workers	<input type="checkbox"/> 7. Machinery operator and drivers <input type="checkbox"/> 8. Labourer <input type="checkbox"/> 9. Other
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**9. Language and Cultural Diversity**

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other
10. Do you speak a language other than English at home? If more than one language, name the language that is spoken most often	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other – Please specify _____
11. Are you of Aboriginal or Torres Strait Islander origin? If both mark "Yes" in both boxes	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

**12. Schooling**

Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. What is your highest COMPLETED school level? If you never attended school go to question 14	<input type="checkbox"/> Completed year 12 <input type="checkbox"/> Completed year 11 <input type="checkbox"/> Completed year 10
	<input type="checkbox"/> Completed year 9 or Equivalent <input type="checkbox"/> Completed year 8 or lower <input type="checkbox"/> Never attended school <input type="checkbox"/> Year completed

**14. Employment status: Of the following categories which BEST describes your current employment status?**

<input type="checkbox"/> 1. Full time employee <input type="checkbox"/> 2. Part time employee <input type="checkbox"/> 3. Self-employed – not employing others	<input type="checkbox"/> 4. Self-employed – employing others <input type="checkbox"/> 5. Employed – unpaid worker in a family business <input type="checkbox"/> 6. Unemployed – seeking full time work	<input type="checkbox"/> 7. Unemployed – seeking part-time work <input type="checkbox"/> 8. Not employed – not seeking employment
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**15. Disability**

Do you consider yourself to have a disability, impairment or long term condition? If no – Go to question 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Allergies, list treatment _____ <input type="checkbox"/> Other, please specify _____

**16. Education Details:**

Have you successfully completed any of the following qualifications?  Yes – go to question 17 No – go to question 18	<input type="checkbox"/> Bachelor Degree of higher degree <input type="checkbox"/> Advanced diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III or trade certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> None of the above
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**17. If yes, please enter one of these Prior Education Achievements Recognition Identifiers**

**A = Australian E = Australian equivalent I = International**

If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following order of priority A=Australian E = Australian equivalent I = International

	A	E	I		A	E	I		A	E	I
Bachelor Degree or higher Degree				Certificate IV				Certificates other than the ones listed _____ _____			
Advanced Diploma or Associated Degree				Certificate III or Trade certificate							
Diploma or Associate Diploma				Certificate II							

**18. Study reasons**

<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another program of study	<input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons <input type="checkbox"/> Specify other reason _____
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**19. Next of Kin:** in case of emergency or injury occurring whilst you participate in a course programmed by the Bellarine Training and Community Hub; who would we contact

Surname		First Name	
Address			Postcode
Home phone		Mobile	
Work number		Relationship to you	
Doctors name		Doctors number	
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance subscription	<input type="checkbox"/> Yes <input type="checkbox"/> No

I also give permission for my next of kin details to be handed to the centre of which I am completing my course in the case of an emergency.

Signed: \_\_\_\_\_ Date \_\_\_\_\_