

**OFFICE USE ONLY**

Surname:

Client No:

Fee: Concession Full Fee Fee for Service Free Class \$20 Staff/Volunteer

Enrolment year: 20__

Invoiced to Agency: Direct Debit: Enrolment Location: Preston Thornbury **the Bridge Enrolment Form**

Information contained in this document is utilised in accordance with the Preston Neighbourhood House Inc Privacy Policy

1. Personal Details (Please choose by ticking the boxes that apply to you)

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Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mx	<input type="checkbox"/> Other:	<input type="checkbox"/>
Surname:							
Given Name:					Preferred Name:		
Date of Birth:					Victorian Student Number [VSN] [Required if you are 25 or younger]		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex		Preferred Pronouns [optional]:		

2. Contact Details

Phone: (Home)		Phone: (Work)	<input type="checkbox"/>
Mobile:			
Email:			
Home Address:			
Suburb:			
State:		Postcode:	

Mailing Address (Complete this section only if your mailing address is different to your home address)

Address:			<input type="checkbox"/>
Suburb:			
State:		Postcode:	

3. Identification and Concession details

(At least ONE form of identification is needed. If claiming concession, this must be your concession card)

Identification/Concession Type		<input type="checkbox"/>
Identification Number		

Office: A copy of the student's identification must be copied & attached to this form.

If claiming concession fee, this must be proof of concession.

4. Course(s) applying for

	<input type="checkbox"/>
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5. Are you a returning student of the Bridge or of Preston Neighbourhood House?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, what previous course(s) have you completed?	<input type="checkbox"/>
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6. Emergency Contact

Name:		Relation to you:	<input type="checkbox"/>
Home:	Work:	Mobile:	

7. Indigenous Status (Please choose by ticking the box that applies to you)


<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/>
<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander	

8. Employment Status (Please choose by ticking the box that applies to you)

<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business	<input type="checkbox"/>
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work	
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work	
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Not Seeking Employment	

If you are employed, what job and industry are you working in? (e.g. Waiter in Hospitality)

Job	Industry	<input type="checkbox"/>
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9. Citizenship, Language and Literacy (Please choose by ticking the boxes that apply to you)							
Country of birth?		First Language?		<input type="checkbox"/>			
Do you require assistance with English? <input type="checkbox"/> Yes <input type="checkbox"/> No		What assistance with English?					
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a New Zealand Citizen? <input type="checkbox"/> Yes		<input type="checkbox"/>			
Are you on an Australian Permanent Residency visa? <input type="checkbox"/> Yes		Are you on an Australian Humanitarian visa? <input type="checkbox"/> Yes					
Are you are a citizen of a country other than Australia or New Zealand, but don't have an Australian PR or Humanitarian visa? <input type="checkbox"/> Yes							
10. Disability Status (Please choose by ticking the boxes that apply to you.)							
Do you suffer from any physical / mental disability that may affect your participation in the course?				<input type="checkbox"/>			
<input type="checkbox"/> Yes – Please specify below		<input type="checkbox"/> No – Please go to Question 11					
Name of Support Person (if any):		Phone No:					
Email address:		Notes:					
<input type="checkbox"/>	Hearing / Deafness	<input type="checkbox"/>	Acquired Brain Impairment				
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision				
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Medical Condition				
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Mental Illness						
11. Education completed (Please choose by ticking the boxes that apply to you)							
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	
<input type="checkbox"/>	Completed Year 10 or Equivalent	<input type="checkbox"/>	Completed Year 11 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent		
Highest Post-Secondary Qualification completed :							
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	
<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Advanced Diploma		
<input type="checkbox"/>	Degree	<input type="checkbox"/>	Masters	<input type="checkbox"/>	PhD		
In which country did you complete your highest post-secondary qualification?		<input type="checkbox"/>	Australia	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	
12. How did you find the Bridge or our program? (Please choose by ticking the box that applies to you) If you saw a copy of our term planner, <i>Get Started</i> , please let us know where you got it from.							
<input type="checkbox"/>	Web Search	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Friend/Family Member	<input type="checkbox"/>	
<input type="checkbox"/>	Library	<input type="checkbox"/>	Job Network	<input type="checkbox"/>	Centrelink		
<input type="checkbox"/>	Local Paper	<input type="checkbox"/>	Passing by and saw the signs	<input type="checkbox"/>	Thornbury Maker's Market		
<input type="checkbox"/>	Stall at Preston Market	<input type="checkbox"/>	Stall at Northcote Plaza	<input type="checkbox"/>	Advertising Billboard		
<input type="checkbox"/>	Moon Rabbit Café	<input type="checkbox"/>	Other (please specify):				
OFFICE USE ONLY			Entered on the How Did You Hear About Us? page on the Enrolment List			<input type="checkbox"/>	
13. Future Communication							
Would you like to be added to our email list: <input type="checkbox"/> Yes <input type="checkbox"/> No			OFFICE USE ONLY		Added to Distribution List	<input type="checkbox"/>	
14. Declaration and Privacy Information							
<ul style="list-style-type: none"> This organization respects your right to privacy. Information which we collect from you is held in accordance with information privacy laws and the Bridge Privacy Policy. Please ask should you require further information. I understand the conditions relating to Fees, Concessions and Refunds, and hereby agree to pay all fees and charges applicable. I agree to abide by the policies of the Bridge and its Code of Conduct. I authorize the organization to release information regarding my class participation to any government department or referring agency if applicable. I understand the Information Privacy Policy of the Bridge. I declare that the information supplied on this enrolment form is correct and complete. 							
Name:			Signature: 				<input type="checkbox"/>
Date:							