

## Course Enrolment Form

Issued: 7/4/2011 Version: 10



### Course Details

Course Name	
Date of Course	

### Applicant Details

Family Name			
Given Names			
Date of Birth			
Street No & Name			
Suburb		Post Code:	
Telephone	Home:	Mobile:	
Email			

### Emergency Contact Details

Next of Kin	
Relationship	
Telephone	

### Employer Details

Business Name	
Address	
Telephone	

### If you are aged 24 or below at time of enrolment,

Please provide your Victorian Student Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you new to the Victorian Education system or do not have your Victorian Student Number?

Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider.

### Language and Cultural Diversity

Are you of Aboriginal Origin?  Yes  No

Are you of Torres Strait Origin?  Yes  No

Were you born in Australia:  Yes  No

If no, where were you born? \_\_\_\_\_

Do you speak a language other than English at home?  Yes  No

If yes, what is your level of English?  Fluent  Intermediate  Basic

If more than one language, indicate the one that is spoken most often \_\_\_\_\_

### Employment

Of the following categories, which best describes your current employment status?

- Full Time  Part Time  Self Employed  
 Employer  Unpaid in Family business  Seeking Full Time Work  
 Seeking Part Time Work  Not employed, not seeking employment

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### Educational Information

What is your highest COMPLETED school level?

- Year 12     Year 11     Year 10     Year 9 or equivalent     Did not attend school

In which year did you complete that level? \_\_\_\_\_ Where? \_\_\_\_\_

Are you still attending secondary school?     Yes     No

### Disability

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

- Yes     No

If YES, then indicate the area of disability, impairment or long-term condition.

- Hearing     Physical     Intellectual  
 Learning     Mental Illness     Vision  
 Medical Condition     Acquired Brain Impairment     Other

### Study Reason

Reason for study \_\_\_\_\_

### Prior Education

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

I understand that the information contained in this form is true and correct and may be provided to State and Commonwealth agencies. Mentor HR may provide my training results to my employer and/or companies I contract to and I consent to that occurring.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Details (disregard for group booking)

Course Fee: \$ \_\_\_\_\_ Total Fee (incl GST): \$ \_\_\_\_\_

Method of Payment:     Cheque     Invoice (Purchase Order Number \_\_\_\_\_)     Cash

Credit Card    Mastercard/Visa/Bankcard (circle)

Card Number:     /  /  /

CVV Number:   

Expiry date:    \_\_\_\_\_ / \_\_\_\_\_

Name on Card:    \_\_\_\_\_    Signature:    \_\_\_\_\_

*If you would like to obtain our Privacy and/ Refund Policy, please contact our administration department.*