

COURSE ENROLMENT FORM

Registered Incorporated No A0025254Y – ABN 59247453303

Briagolong Community House Inc.

Name of course

Date course begins	Date of birth
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First name	Middle Name	Surname
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Address	Post Code
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Home phone	Work phone
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If you feel uncomfortable answering any question please leave it blank

Sex Male Female

Country of birth Australia
 Other (please specify).....

Are you of Aboriginal or Torres Strait Islander origin?.....

Language spoken at home English
 Other (please specify).....

Which BEST describes your current employment status?

Full time employed	
Part time employed	
Self-employed –not employing others	
Employer	
Unemployed – seeking part time work	
Unemployed-seeking full time work	
Unpaid family worker	
Not employed-not seeking work	

Office Use Only	
Fee \$	
Paid \$.....	
Conc	

Have you successfully completed any qualifications? If yes then please provide details.....

Highest school level completed:.....
Year completed:.....

Do you have a disability? Yes No

If yes then please indicate the type of disability

Which best describes your main reason for doing this course?

To get a job	
To develop my business	
To start my own business	
To try a different career	
To get a better job	
Extra skills for my current job	
To get into another course	
For personal interest	
For self development	
Other reasons	

Please note:- This course maybe funded by the Adult Community & Further Education Board and we are required by law to collect and hold information on learners. Your answers are used to compile statistics and are entered in our statistical returns. You may be contacted by the National Centre for Vocational & Educational Research to complete a short survey regarding this course. Please tick this box if you **do not** wish to be contacted The Briagolong Community House Inc. respects your right to information privacy. Students have the right to access their own information. Information on learners, that we collect and hold, is kept in accordance with the Information Privacy Act 2000.

Signature.....**Date**.....

Thank you for your time – it is very much appreciated.

To help us with future planning could you indicate please -

1. How you found out about this course?
2. Are there any other courses which may interest you which aren't listed on the program?

*** All Briagolong Community House Inc users are encouraged to become Association Members – please ask for a Membership form when enrolling.**