Warragul Community House

Employment Pathways LL Enrolment

 **□ Excel Spreadsheet □ Social Planet**

 **NB: Course fees to be paid in full at enrolment before class commences.**  Paypal available on line. EFTPOS / cash payments available at WCH.

**Privacy Statement:** The information sought on this enrolment form is required to be collected by us to assist us with your enrolment and to be able to contact you if required in the event of a cancelled class or any other alteration to our program delivery. Your information will be held secure by our organisation and only used for its intended purpose. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Details: Name of course(s) you wish to enrol in:  **Term: 1, 2022**

3.

2.

1.

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Contact Details:

 Title Given Name Surname Date of Birth

Name:

 Work Mobile Home

Phone:

Health Care Card / Pensioner / Senior / Student

Email Address: Concession: entering their email address into the form, they are

By entering your email address into this form, you give consent for WCH to email you with information about our courses and activities. We will not share your email or contact details with any other organisation. If you do not wish to receive email from WCH, please tick this box:

Address:

 Street Name Suburb State Postcode

P.O Box details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Details:

Contact Name Relationship Contact Number

Do you have a disability? Yes / No Details………………………………………………………………………………………………………………………..

Do you need support in class? Yes / No Details………………………………………………………………………………………………………………..

Gazette / Course Guide / Facebook / Website / Word of mouth / Flyers / Other …………

 **How did you hear about us?**

By signing this enrolment form, participants / students are agreeing to comply with the WCH Code of Conduct (Copy available on request) to behave with honesty, integrity, trustworthiness, fairness, respect, accountability and be law abiding.

**Signature………………………………………………………………..……... … Date:…………/…………/……………**

**Office use only:**

Concession sighted Amount Paid Receipt Number Enter’d Social Planet Full name of person processing enrolment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes / N/A | $ \_\_\_\_\_\_\_\_\_ | #\_\_\_\_\_\_\_\_\_\_\_ | Yes / No |  |

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**Employment Pathways**

**Learn Local Section**

**On Axcelerate see VET RELATED QUESTIONS):**

1. Gender: **□** Male **□** Female **□** Other Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Australian Citizenship Status:  **□** Australian Citizen  **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **□** No **□** Yes-Aboriginal **□** Yes-Torres Strait Islander

 6. What best describes your current employment status?

  Full-time employee **□** Part-time employee **□** Self-employed – not employing others

 **□** Self-employed – employing others □Unemployed - seeking part time work

 **□** Employed – unpaid worker in family business **□** Unemployed seeking full time work

□ Not employed - not seeking employment

7.What best describes your current or most recent occupation?

€ Manager € Professionals € Technicians & Trade Workers € Community & Personal Services Workers

 € Clerical & Administrative Workers € Sales Workers € Machinery Operators & Drivers € Labourers

8. What best describes the industry of your current or most recent employer?

 € Agriculture, Forestry and Fishing € Mining € Manufacturing € Electricity, Gas, Water and Waste Services

 € Construction € Wholesale Trade € Retail trade € Accommodation & Food Services

€ Transport, Postal and Warehousing € Information Media & Telecommunications

€ Financial & Insurance Services € Rental Hiring & Real Estate Professional, Scientific and Technical

€ Administrative & Support Services € Public Administration & Safety € Education & Training

€ Healthcare & Social assistance € Arts & Recreational Services € Other Services

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9. Are you still attending school?: Yes / No

10. What is your highest COMPLETED school level?

Completed Year 12 **□** Completed Year 11 **□** Completed Year 10 **□** Completed Year 09

Completed Year 08 or Lower **□** Did not go to school

11. Do you have a disability, impairment, or long-term medical condition?No / Yes

12. If yes, please tick the areas of disability, impairment, or long-term medical condition:

Hearing/deaf Physical Intellectual Learning **□** Mental illness

Acquired brain impairment  **□** Vision **□** Medical condition **□** Other (please specify): …………………

13. Do you require support in class? Yes / No Details:……………………………………………………………………

14. Have you SUCCESSFULLY completed any qualifications? Yes / No

15. If yes, which ones? (Please tick):

Bachelor Degree or Higher Degree **□** Advanced Diploma or Associate Degree

Diploma (or Associate Diploma) **□** Certificate IV (or Advanced Certificate/Technician)

Certificate III (or Trade Certificate) **□** Certificate II Certificate I **□** Certificates other than the above

16. Qualification recognition: € Australian € Australian Equivalent € International

17. Which best describes your reason for choosing this course?

To get a job **□** To develop my existing business **□** To start my own business

To try for a different career  **□** To get a better job / promotion **□** It was a requirement of my job

Extra skills for my job **□** To get into another course of study **□** Personal interest / self-development

Other reasons

18. Do you give permission to be contacted to participate in a Skills Victoria or ACFE- endorsed survey relating to your training, in order to provide valuable feedback on the delivery of education and training programs in Victoria?

 No / Yes

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**Name (Please print) ………………………………………………………………..……...**

**Signature………………………………………………………………..……... Date:…………/…………/……………**

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