

ENROLMENT FORM

Personal Details

Mr Mrs Ms Miss

First Name: _____

Middle Name: _____

Surname: _____

Preferred Name: _____

Date of Birth: ____/____/____ Gender: Female Male

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (H) _____ (W) _____

Mobile: _____ Fax: _____

Email: _____

Postal Address: As above _____

Suburb: _____ State: _____ Postcode: _____

Identification

Driver's Licence No: _____ or Passport No: _____

Please attach certified copy of one of these documents.

Employment Details

Employer: _____

Start Date with Employer: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

How did you hear about Community Child Care Co-operative?

- Website Publication/s Recommendation/s Advertisement
 From a workshop/training session Re-enrolment
 Other - please specify: _____

I would like information on **membership with Community Child Care Co-operative** to be sent to me. Community Child Care Co-operative offers a student discount for those enrolled in a full qualification.

Yes No

OFFICE USE ONLY

Date Received: _____ Entered: _____

Student Number: _____

Government Survey

The Federal Government requires all RTOs to collect statistics to assist with educational planning. Your confidentiality is assured as you are not identified with these statistics.

What is your current employment status? (tick one)

- Full-time employee Part-time employee
 Employer Self-employed - not employing others
 Unemployed - unpaid worker in family business
 Unemployed - seeking full-time work
 Unemployed - seeking part-time work
 Not employed - not seeking employment

Are you still at secondary school? No Yes

What is your highest completed school level?

- Year 12 Year 11 Year 10 Year 9 or lower

In what year did you complete that school level? _____

In which country were you born? _____

Are you an Australian citizen? No Yes

Have you completed any courses since leaving school?

- No Yes - please tick as many as applicable
 Bachelor Degree or higher Advanced Diploma/Associate Degree
 Diploma or Associate Diploma
 Certificate IV Certificate III Certificate II
 Certificate I Other certificates

Do you speak a language other than English at home?

- No - English only Yes - please specify: _____

How well do you speak English?

- Very well Well Not well Not at all

Do you require language, literacy or numeracy support? No Yes

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

- No Yes - please specify: _____

Are you of Aboriginal or Torres Strait Islander origin?

- No Yes - Aboriginal Yes - Torres Strait Islander

Study Reason

Of the following categories, which BEST describes your main reason for undertaking 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 or promotion It was a requirement of my job
 I wanted extra skills for my job To get into another course of study
 For personal interest or self-development
 Other - please specify: _____

