

**ADULT COMMUNITY & FURTHER EDUCATION  
Enrolment Form - 2020**

Our services are funded by State Government departments. It is necessary for us to supply your information to them as part of fulfilling our obligations to them and therefore obtain the funding for services provided. Your information is kept safe and secure in line with our organisation's policies.

If you undertake a course where we have a partnership with another Community Centre, your details will be provided to this organisation for the same government requirements.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

What is the main language spoken in your home? \_\_\_\_\_

Are you:	An Aboriginal?	Yes	No
	A Torres Strait Islander	Yes	No
	Both Aboriginal & Torres Strait Islander	Yes	No
	Neither Aboriginal nor Torres Strait Islander	Yes	No

**Do you have a disability? (Please tick where relevant)**

Intellectual (including Down Syndrome)	
Specific learning/ADD	
Autism (including Asperger's syndrome)	
Physical	
Acquired Brain Injury	
Neurological (including epilepsy & Alzheimer's)	
Deaf & blind (dual sensory)	
Vision	
Hearing	
Speech	
Psychiatric	
Other (please list)	

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**Highest level of Schooling**      **Year 8**   **Year 9**   **Year 10**   **Year 11**   **Year 12** (Please circle)

**Date completed high school education**    /    /

Highest Level of Tertiary Education \_\_\_\_\_ **Date completed**    /    /

- If you have a higher qualification please tick relevant
- Obtained in Australian
  - Australian Equivalent
  - Obtain Overseas/International

**If you are aged 24 or below at time of enrolment:**

Please provide your Victorian Student Number if you know it: \_\_\_\_\_

If you do not have a Victorian Student Number are you new to the Victorian Education System?

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

**Current Employment status** (Please circle)

Working Full time	Yes	No
Working Part-time	Yes	No
Self-employed	Yes	No
Employer	Yes	No
Unpaid family worker	Yes	No
Unemployed – seeking Full time work	Yes	No
Unemployed – seeking Part-time work	Yes	No
Not employed – Not seeking work	Yes	No

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**If employed, please tick relevant industry *you work in***

- A Agriculture, Forestry and Fishing
- B Mining
- C Manufacturing
- D Electricity, Gas, Water and Waste Services
- E Construction
- F Wholesale Trade
- G Retail Trade
- H Accommodation and Feed Services
- I Transport, Postal and Warehousing
- J Information Media and telecommunications
- K Financial and Insurance Services
- L Rental, Hiring and real Estate Services
- M Professional, Scientific and Technical Services
- N Administrative and Support Services
- O Public Administration and Safety
- P Education and Training
- Q Health Care and Social Assistance
- R Arts and recreation Services
- S Other Services

**Please indicate the role you perform**

- 1 Manager
- 2 Professionals
- 3 Technicians and Trades Workers
- 4 Community and personal Service Workers
- 5 Clerical and Administrative Workers
- 6 Sales Workers
- 7 Machinery Operators and Drivers
- 8 Labourers
- 9 Other

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**Please tick the box for the course(s) you wish to enroll in during 2020.**

- |                                                              |                                                                      |
|--------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Work Skills                         | <input type="checkbox"/> Working in Administration                   |
| <input type="checkbox"/> Horticulture and Nursery Hand       | <input type="checkbox"/> Active Volunteering                         |
| <input type="checkbox"/> Working in Hospitality              | <input type="checkbox"/> Obtaining Your Learners Permit              |
| <input type="checkbox"/> Basic Computers and Research        | <input type="checkbox"/> Working in the Horse Industry (Stable Hand) |
| <input type="checkbox"/> You Tube Your resume                | <input type="checkbox"/> Working in Car Detailing                    |
| <input type="checkbox"/> Working in Retail (Sales Assistant) | <input type="checkbox"/> Working in Warehousing/Factory hand         |

**What is the main reason for doing this course?**

Reason	Please tick
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 for my job	
I wanted extra skills for my job	
To get into another course or study	
For personal interest	
For self-development	
Other Reason (Please list)	

Course fees are listed on the MiLife-Victoria ACFE brochure. If you wish to claim a Course Concession Fee, **please attach a copy of your Health Care/Disability Pension Card to this enrolment form.**

I acknowledge that by enrolling that there will be no course refunds.  Please tick

If you wish to read more about course fees, concessions or refunds, please ask the ACFE coordinator for a copy of the relevant policies and procedures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Leaders in Disability Support



REGISTERED PROVIDER

Disability Provider | Reg No. A0025487A  
NDIS Provider | Reg No. 4050004061

MiLife-Victoria Inc.

Head Office  
66 Victoria Street  
Hastings, VIC 3915



P. (03) 9775 7333 F. (03) 9770 6825  
National Relay Service 1300 555 727  
www.milife-victoria.org.au  
ABN: 36 405 794 753

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**IN CASE OF AN EMERGENCY - Student Confidential Information – MUST COMPLETE**

To be taken to Medical Centre/Hospital if necessary

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: / /

Emergency contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Do you have any medical conditions or allergies that MiLife-Victoria need to be aware of?

*E.g. food, band aids, penicillin etc.*

Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note: It is the individual's responsibility to ensure they have their own ambulance cover, as the Organisation will not pay for out of pocket expenses should this service be called.**



In the spirit of respect, MiLife-Victoria acknowledges the Boonwurrung members of the Kulin Nation and other Aboriginal Elders, past and present, who have traditional connections to the land on which we meet.

