



bringing the community together

phone 9782 0133
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203-205 Lyrebird Drive
Carrum Downs 3201

admin@lyrebird.org.au
www.lyrebird.org.au

ABN: 68 590 261 969 Reg No: A0028779R TOID: 20131

ENROLMENT FORM 2010

You have the right to provide as much or as little information as you choose, however the collection of this data will assist us with statistics and planning.

Office Use Only

Student / Participant Code: _____

Course(s) Enrolled In: _____

Contact Information (for Children's Activities, please fill in this form using parent's details)

Title (Mr, Mrs, Miss, Ms) _____ First Name _____ Surname _____

Date of Birth ____/____/____ Gender Female Male

Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile / Work _____

Email Address _____

Emergency Contact Name _____ Phone Number _____

Residency Status

Are you an Australian Citizen or Permanent Resident or a holder of a Special Category Visa?

Yes No

Please note: To be eligible for a Government funded (ACFE) place in a course, you will be asked to provide evidence. If you cannot provide evidence of permanent Australian Residency, you will not be eligible. You can apply for a Fee-for-Service place in a class if a place is available.

Office Use Only: Evidence of residency sighted Yes No Staff Initial: _____

Language and Cultural Diversity

Country born in (if other than Australia) ? _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Language spoken at home (if other than English) ? _____

If you speak a language other than English, how well do you speak English?

Very well Well Not well Not at all

Employment Status (please tick)

- | | | | |
|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Full time employee | <input type="checkbox"/> | Employed - unpaid family worker | <input type="checkbox"/> |
| Part time employee | <input type="checkbox"/> | Unemployed - seeking full time work | <input type="checkbox"/> |
| Self employed - not employing others | <input type="checkbox"/> | Unemployed - seeking part time work | <input type="checkbox"/> |
| Employer | <input type="checkbox"/> | Not Employed - not seeking employment | <input type="checkbox"/> |
| Not stated | <input type="checkbox"/> | | |

Study Reason

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| To get a job | <input type="checkbox"/> | It was a requirement of my job | <input type="checkbox"/> |
| To develop my existing business | <input type="checkbox"/> | I wanted extra skills for my job | <input type="checkbox"/> |
| To start my own business | <input type="checkbox"/> | To get into another course or study | <input type="checkbox"/> |
| To try for a different career | <input type="checkbox"/> | For personal interest or self development | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Previous Study

Are you still attending Secondary School? Yes No

If no, what is your highest Secondary School level ? _____ When: _____

Have you successfully completed any of the following qualifications in Australia?

- | | | | |
|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Bachelor Degree or Higher | <input type="checkbox"/> | Certificate I | <input type="checkbox"/> |
| Advanced Diploma or Associate Degree | <input type="checkbox"/> | Certificate II | <input type="checkbox"/> |
| Diploma or Associate Diploma | <input type="checkbox"/> | Certificate III or Trade Certificate | <input type="checkbox"/> |
| Certificate other than listed | <input type="checkbox"/> | Certificate IV | <input type="checkbox"/> |
| | | or Advanced Certificate/Technician | |

Do you have skills and knowledge obtained through work or life experience outside the formal educational and training system? If yes, you may be eligible to apply for Recognition of Prior Learning (RPL) status. Please see the Program Manager for further details.

Medical Status - providing information about a disability will not disadvantage your application. It is collected to ensure that we provide appropriate information on support services available to students.

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

Do you require special assistance? Yes No

If yes then please indicate the area/s of disability, impairment or long-term condition.

(You can indicate more than one)

- | | | | | | |
|-------------------|--------------------------|---------------------------|--------------------------|--------------|--------------------------|
| Hearing/Deaf | <input type="checkbox"/> | Physical | <input type="checkbox"/> | Intellectual | <input type="checkbox"/> |
| Mental Illness | <input type="checkbox"/> | Acquired Brain Impairment | <input type="checkbox"/> | Vision | <input type="checkbox"/> |
| Medical Condition | <input type="checkbox"/> | Learning | <input type="checkbox"/> | Other | <input type="checkbox"/> |



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Where did you learn about this course ?

Term Program Friend

Local Newspaper Notice Board

Other please specify _____

Would you like us to send you our next brochure in the mail ? Yes No

Children's Activities Only

1. First Name _____ Surname _____
Date of Birth ____/____/____ Gender Female Male

2. First Name _____ Surname _____
Date of Birth ____/____/____ Gender Female Male

3. First Name _____ Surname _____
Date of Birth ____/____/____ Gender Female Male

Does your child have any allergies, sensitivities or dietary restrictions? Yes No

If yes, please give details: _____

Please note: If you are enrolling in a Children's Activity aged 6 - 12 years, all children must be dropped off and picked up by an adult/guardian inside the Centre.

Fees

A deposit of 50% is payable to confirm your place in a course. Full payment is required seven days prior to course commencing. Payments can be made in person by cash, EFTPOS, Visa/MasterCard or cheque. We also accept credit card payments over the phone which may incur a surcharge. Cheques should be made payable to "Lyrebird Community Centre Inc". An administration fee of \$5.50 (incl. GST) will be incurred if an invoice is required. Third party payments will be charged the full price. Where students are enrolled in courses by agencies assisting or advocating on behalf of those students and the agency is funded (usually by the Commonwealth) to assist those students and will be paying the fee, the full fee applies. There will be no classes on public or school holidays (except in special pre-arranged circumstances).

Refunds

Lyrebird Community Centre is not responsible for changes in participants circumstances. Courses should be chosen carefully. Programs run subject to enrolment numbers and therefore courses with low enrolments may be cancelled or deferred. If Lyrebird Community Centre should cancel a course, we will notify you and a full refund will be given. If a participant cancels during a course or up to 7 days prior to a course commencing, no refund will be given. Prior to this a refund will be given, less a \$10 administration cost. Government funded courses will be refunded up to 20 days prior to commencement less a \$60 administration cost. For further information regarding the refund policy contact Lyrebird Community Centre.

Privacy

Lyrebird Community Centre acknowledges and respects the privacy of all individuals. We are required to provide statistical data to government funding bodies, however all data collected is managed in line with the Information Privacy Act 2000 and it's principals.

Lyrebird Community Centre reserves the right to change course days, rooms, fees and tutors when necessary. Lyrebird Community Centre Inc. observes all relevant information and treats all communication as confidential.

Student / Participant Declaration

The above named student / participant, does indemnify the Lyrebird Community Centre Inc in respect of all claims, demand action and suits arising out of a breach of any of the said legislation, laws, or by-laws, and any associated obligation, and for any related expenses and costs incurred by Lyrebird Community Centre Inc.

I acknowledge that as a student / participant that the Lyrebird Community Centre Inc. together with its staff and volunteers will not accept responsibility for any personal loss, injury or damage as a result of my/our attendance. I have read and understand the Centre's Refund Policy.

I acknowledge that I may be photographed during my attendance at the Lyrebird Community Centre Inc. Photographs may be used for program records, brochures, newspapers or other promotional purposes.

I understand and consent that the information contained in this form may be provided to State and Commonwealth agencies. I declare to the best of my knowledge the information entered on this form is true and correct.

Signature _____

Date: / /