

2023 Enrolment Form Moongala Women's Community House (Moongala)

Given Name(s):		Family Name:	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>		Phone No:	
Date of Birth: (dd/mm/yyyy)			
Address:			Postcode:
Email Address:			
Can we communicate with you via email? Yes <input type="checkbox"/> No <input type="checkbox"/>		Victorian Student Number (if applicable) _ _ _ _ _	

Enrolment Procedure

You must complete all sections on this form **including the questions overleaf** and return it to the address above.
You must include evidence of payment to complete your enrolment and confirm a place in a course.

List all courses	1. _____	Date Started ____/____/____
	2. _____	Date Started ____/____/____
	3. _____	Date Started ____/____/____
	4. _____	Date Started ____/____/____

How did you hear about this course? Local Paper ☐ Library ☐ Friend ☐ School/Club ☐ Internet ☐ Other ☐

Eligibility for ACFE funded courses: To be eligible you must meet one of the following residency criteria. Australian Citizen ☐
Permanent Visa holder ☐ Temporary Protection Visa ☐ Visa Sub Class 444 ☐ East Timorese Asylum Seeker ☐
Medicare Card No: _____ Sighted and copied by staff member ☐

Concession Card No: _____ **Expiry Date:** ____/____/____

Concession Type: Health Care Card (H) ☐ Pensioner Concession Card (P) ☐ Veterans Gold Card (V) ☐

Emergency Contact Information: Name:

Relationship: _____ Phone: _____

Payment Methods: Direct deposit/ at bank/internet/phone banking **OR** Cash/Cheque or Money Order

Bank: Bendigo Bank **Account name:** Moongala **BSB:** 633 000 **Account number:** 176 808 434

Please include your name and course or group you will be attending so we can identify your payment

Do you have a permanent disability that may affect your participation in class? Yes ☐ No ☐
If YES, what support do you require in class?

Disability Type: Hearing ☐ Physical ☐ Intellectual ☐ Learning ☐ Acquired Brain Impairment ☐
Mental ☐ Medical Condition ☐ Other ☐ (Please specify)

Are you Indigenous or Torres Strait Islander? Yes ☐ No ☐

Language Spoken at home: _____ Country of Birth: _____

How well do you speak English? Very well ☐ Well ☐ Not well ☐ Not at all ☐

Education and Qualifications

What **YEAR** did you **complete** high school?

Highest level completed at School (tick box) ☐ Yr 12 ☐ Yr 11 ☐ Yr 10 ☐ Yr 9 ☐ Yr 8 or lower ☐ Did not attend school

Have you successfully COMPLETED any further qualifications? Yes ☐ No ☐ (please tick box)

Education Completed in Australia: ☐ Certificate I ☐ Certificate II ☐ Certificate III ☐ Certificate IV ☐ Diploma Level
Advanced Diploma or Associate degree ☐ Bachelor Degree or Higher degree level ☐ Other

Please continue overleaf

Reason for Study				
Please select the MAIN reason for doing this course (tick one box only)				
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement for my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Other reasons <input type="checkbox"/> For personal interest/self-development <input type="checkbox"/> To get skills for community/voluntary work				
Which of the following BEST describes your current employment status? (Tick one box only)				
<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed – <i>Not employing others</i>) <input type="checkbox"/> Employer <input type="checkbox"/> Employed – Unpaid family worker <input type="checkbox"/> Unemployed – Seeking full time work <input type="checkbox"/> Unemployed – Seeking part time work <input type="checkbox"/> Not employed – (Not seeking employment)				
Occupation Type (tick one box only)				
<input type="checkbox"/> Technicians & trade workers <input type="checkbox"/> Machinery operator & drivers <input type="checkbox"/> Sales worker <input type="checkbox"/> Community & personal services <input type="checkbox"/> Manager <input type="checkbox"/> Labourer <input type="checkbox"/> Clerical & administrative worker <input type="checkbox"/> Professional <input type="checkbox"/> Others				
Which industry area are you employed in? (Tick one box only)				
<input type="checkbox"/> Accommodation & food services <input type="checkbox"/> Administrative & support services <input type="checkbox"/> Transport postal & warehouse <input type="checkbox"/> Electricity, gas, water & waste services <input type="checkbox"/> Public administration & safety <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Rental, hiring & real estate services <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional, scientific & technical services <input type="checkbox"/> Agriculture, forestry & fishing <input type="checkbox"/> Education & training <input type="checkbox"/> Information, media & telecommunication <input type="checkbox"/> Financial & insurance services <input type="checkbox"/> Mining <input type="checkbox"/> Construction <input type="checkbox"/> Retail trade <input type="checkbox"/> Arts & recreation services <input type="checkbox"/> Other services				
Photo permission/Excursion Indemnity				
I give permission for Moongala to use my name/photos/film recordings taken of me for Moongala promotion and events. Yes <input type="checkbox"/> No <input type="checkbox"/> I accept responsibility for myself whilst participating in ANY Moongala excursion/off-site activity Signed:				
Student Enrolment Privacy Notice				
<p>Moongala is required to collect personal information about you and to disclose that personal information to Skills Victoria. Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by Moongala for statistical, administrative regulatory and research purposes. Moongala may disclose your personal information for these purposes to the State Government through Skills Victoria, being student and training activity data, which may include information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.</p> <p>You may also receive a student survey which may be administered by a Skills Victoria employee, agent or third-party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted. Skills Victoria will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988.</p> <p>I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclose of my personal information in accordance with the Privacy Notice above.</p>				
Student Signature: _____ Date: ____/____/____				
Conditions of Enrolment				
Full payment of fees must accompany your completed enrolment form to confirm a place in the course. When a class is filled, students may be placed on a waiting list. Classes start on the date shown unless otherwise notified. Refunds are only considered if 7 days' notice is given prior to commencement date. An administration fee of 10% will apply to all refunds. No refund will be given once a course has commenced. Concession rates apply for ACFE classes on presentation of relevant concession card. Moongala reserves the right to cancel or defer classes with low enrolments. Students will be notified of such cancellations prior to the course commencement date and a full refund will be given.				
Office Use Only				
Fees	Full Fee <input type="checkbox"/>	Concession <input type="checkbox"/>	Copy of Concession card <input type="checkbox"/>	Copy of Medicare Card <input type="checkbox"/>
Program Name:	Term	Amount	Date Paid	Receipt No:
1.				
2.				
3.				
4.				
Student No:	Entered <input type="checkbox"/>	Date ____/____/____		