

# 2008 Enrolment Form



Have you previously enrolled at Wodonga TAFE?  Yes  No

**Student ID Number** \_\_\_\_\_

## Personal Details

Surname \_\_\_\_\_  
 Given Names \_\_\_\_\_  
 Preferred Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Title  Mr  Mrs  Ms  Miss  Other  
 Gender  Male  Female

## Address of Usual Place of Residence

Property Name \_\_\_\_\_  
 No. & Street \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ P/Code \_\_\_\_\_  
 Telephone home ( ) \_\_\_\_\_  
                   work ( ) \_\_\_\_\_  
                   mobile \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  
 Email \_\_\_\_\_

## Emergency Details/Next of Kin

Contact Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Telephone home ( ) \_\_\_\_\_  
                   work ( ) \_\_\_\_\_  
                   mobile \_\_\_\_\_

## Language and Cultural Diversity

Do you speak a language other than English at home?  No, English only  
 Yes, Other (please specify) (If more than one language, indicate the one that is spoken most often) \_\_\_\_\_

In which country were you born? (if Other, please specify)  Australia  Other \_\_\_\_\_

How well do you speak English?  1 Very well  2 Well  3 Not well  4 Not at all

Are you of Aboriginal or Torres Strait Islander origin?  1 Yes, Aboriginal  2 Yes, Torres Strait Islander  4 No

## Disability/Assistance

Are you a person with disability, impairment or a long-term condition?  No  Yes

If YES, then please indicate the areas of disability, impairment or long-term condition. (you may indicate more than one area)

11 Hearing/deaf  
 12 Physical  
 13 Intellectual  
 14 Learning  
 15 Mental illness  
 16 Acquired brain injury  
 17 Vision  
 18 Medical condition  
 19 Other (please specify) \_\_\_\_\_

Do you require special assistance?  No  Yes

Do you require special assistance with language and literacy?  No  Yes

Check and complete all sections. Where possible, please give more than one contact phone number in case of emergencies.

You MUST sign the declaration overleaf to enrol at Wodonga TAFE.

If Certificates and/or Statements of Attainment are to be provided to your employer or sponsor, you MUST sign and complete the SPONSOR details overleaf.

Ensure a Tick Sheet or Confirmation of Enrolment is attached to this enrolment form.

## Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the following qualifications? (tick any or all boxes)

No  Yes

008 Bachelor Degree or higher  
 410 Adv Diploma or Associate Degree  
 420 Diploma or Associate Diploma  
 511 Cert IV or Adv Cert/Technician  
 514 Cert III or Trade Certificate  
 521 Certificate II  
 524 Certificate I  
 990 Certificates other than the above

## Marketing Source

How did you hear of this course? (tick one box only)

01 Website  07 Radio  
 02 Careers office/school  08 TV  
 03 VTAC/UAC  09 Workplace  
 04 Course guide  10 Direct mail  
 05 Open day  11 Careers expo  
 06 Newspaper

## Employment

Of the following categories, which BEST describes your current employment status? (tick one box only)

01 Full-time employee  
 02 Part-time employee  
 03 Self-employed - not employing others  
 04 Employer  
 05 Employed - unpaid worker in a family business  
 06 Unemployed - seeking full-time work  
 07 Unemployed - seeking part-time work  
 08 Not employed - not seeking employment

## Schooling

Are you still attending secondary school?  No  Yes

What is your highest COMPLETED school level? (tick one box only)

12 Completed year 12  
 11 Completed year 11  
 10 Completed year 10  
 09 Completed year 9 or equivalent  
 08 Completed year 8 or below  
 02 Did not go to school

In which YEAR did you complete that school level? \_\_\_\_\_

Are you a permanent Australian resident?  No  Yes

Complete remainder of information on back and SIGN declaration.

**Study Reason**

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (tick one box only)

- 01 To get a job
- 02 To develop my existing business
- 03 To start my own business
- 04 To try for a different career
- 05 To get a better job or promotion
- 06 It was a requirement of my job
- 07 I wanted extra skills for my job
- 08 To get into another course of study
- 11 Other reasons
- 12 Personal interest or self-development

**Sponsor Details**

Sponsor Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Property Name \_\_\_\_\_  
 No. & Street \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ P/Code \_\_\_\_\_

I hereby consent to Wodonga TAFE providing my sponsor(s) with result information, and/or copies of Certificates and/or Statements of Attainment (if requested).

Client Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**COMMENCING COURSE IDENTIFIER**

What is your intent when enrolling in this course? (tick one box only)

- 3 Commencing enrolment in the qualification or course
- 4 Continuing enrolment in the qualification or course from a previous year
- 8 Unit of competency or module enrolment only

**Privacy Statement**

Wodonga TAFE is committed to protecting the privacy, confidentiality and security of personal information provided by you to us.

Release of Information:

- The Institute is required to release information to other government agencies or authorities for governance, training and statistical purposes. (see declaration below)
- By signing the 'sponsor details' above, you are agreeing to the release of this information to your sponsor.

To request access to your personal information, or if you would like further information, please contact The Privacy Officer on 02 6055 6600 or by writing to The Privacy Officer, Wodonga TAFE, PO Box 963, Wodonga Vic 3689.

**Declaration**

- I agree to be bound by all Wodonga Institute of TAFE rules and regulations and to abide by the Wodonga TAFE Student Charter.
- I agree to pay all fees and charges applicable to, and arising from, this enrolment (please refer to 2008 Fees and Charges Flyer).
- While Wodonga TAFE will endeavour to run all courses and classes as promoted, I acknowledge the right of the Institute to cancel or amalgamate classes if necessary.
- I authorise Wodonga Institute of TAFE, or its agent, in the event of illness or accident during any Institute-organised activity, and where next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- I also authorise Wodonga Institute of TAFE to release information to government departments, and/or apprenticeship authorities (if requested).
- I confirm that the details provided on this form are true and correct to the best of my knowledge.

Client Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**OFFICE USE ONLY**

Course Code/s \_\_\_\_\_  
 Course Title/s \_\_\_\_\_  
 Session Code/s \_\_\_\_\_  
 Campus \_\_\_\_\_  
 Mode of Study  Part-time  Full-time  
 Hours On-campus \_\_\_\_\_  
 Hours Off-campus \_\_\_\_\_  
**Total Hours** \_\_\_\_\_  
**Fund Source** (only one fund source/form) \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Finish Date \_\_\_\_\_  
 Department Approval Date \_\_\_\_\_

**PAYMENT DETAILS**

**Concession Type** \_\_\_\_\_  
 Tuition Fee \$ \_\_\_\_\_  
 Student Amenities Fee \$ \_\_\_\_\_  
 Booklets \$ \_\_\_\_\_  
 Excursion \$ \_\_\_\_\_  
 First Aid \$ \_\_\_\_\_  
 Materials \$ \_\_\_\_\_  
 Photocopying \$ \_\_\_\_\_  
 Police Check \$ \_\_\_\_\_  
 Postage/Consumables \$ \_\_\_\_\_  
 RPL Fee \$ \_\_\_\_\_  
 Textbooks \$ \_\_\_\_\_  
 Uniform \$ \_\_\_\_\_  
 Fee for Service Fee \$ \_\_\_\_\_  
 Assessment \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**TOTAL PAYABLE** \$ \_\_\_\_\_

Date paid \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_  
 Receipt no. \_\_\_\_\_  
 Direct debit?  No  Yes

Invoice to \_\_\_\_\_  
 Invoice raised by \_\_\_\_\_

**CREDIT CARD DETAILS**

Card type  Mastercard  Visa \_\_\_\_\_  
 Card number \_\_\_\_\_  
 Verification code \_\_\_\_\_ the last 3 digits on signature panel  
 Expiry date \_\_\_\_\_  
 Cardholder name \_\_\_\_\_  
 Signature \_\_\_\_\_