



# Queenscliff Neighbourhood House Inc.

33 King Street, PO Box 30, Queenscliff 3225.

Phone: 5258 3367 Fax: 5258 4145 email: qnhouse@fastmail.fm

<http://home.vicnet.net.au/~qnhouse/>

## ENROLMENT INFORMATION

The following information is required by organizations receiving Government funds. The information is confidential and will be used to plan courses and facilities in adult community education and is kept in accordance with information privacy laws. We respect your right to information privacy. Thank you for your assistance.

Course: \_\_\_\_\_

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

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Enter your birth date:    /    /                       Female                       Male  
   Day    Month    Year

Phone(AH): \_\_\_\_\_ (BH): \_\_\_\_\_

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

Emergency contact phone number: \_\_\_\_\_

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

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

In which country were you born

- Australia                       Other –Please specify \_\_\_\_\_

Do you speak a language other than English at home? (If so, please tick the one that is spoken most often)

- No, English only                       Yes, Other – please specify \_\_\_\_\_

How well do you speak English?

- Very Well                       Well                       Not Well                       Not At All

What is your highest COMPLETED school level?

- Completed Year 12     Completed Year 11     Completed Year 10     Completed Year 9 or equivalent  
 Completed Year 8 or below     Did not go to school

more questions over page.....

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

**Have you SUCCESSFULLY completed any of the following qualifications? Please tick ANY applicable boxes.**

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree                    | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associated Degree               | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/> Diploma (or Associated Diploma)                     | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above      |

**Are you of Aboriginal or Torres Strait Islander origin?**

- No                       Yes, Aboriginal                       Yes, Torres Strait Islander

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

- Yes                       No

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

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

Concession Card. **What type of concession do you have?** \_\_\_\_\_

**Of the following categories, which BEST describes your main reason for undertaking this course. Tick one box only.**

- |   |  |   |
|---|--|---|
| 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 of 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"/> |   |
| For personal interest <input type="checkbox"/>            | For self development <input type="checkbox"/>                | Other reasons <input type="checkbox"/>                  |

**Have you attended any course(s) at Queenscliff Neighbourhood House before? If so, which one(s)?**

\_\_\_\_\_

**Where did you hear about this course?** \_\_\_\_\_

**What other course(s) would interest you?** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_