



WATSONIA NEIGHBOURHOOD HOUSE
47 LAMBOURNE RD, WATSONIA 3087
GENERAL ENROLMENT FORM

Please fill in this form. All your details will remain confidential and are used only by ACFE to collect data. Completion of these enrolment forms is a condition of us continuing to receive funding to deliver these classes.

1.	Family name : Given Name :	2. Address: Suburb: Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. Concession Card Holder: Yes <input type="checkbox"/> No <input type="checkbox"/> Card Number:
5.	Are you: Male <input type="checkbox"/> or Female <input type="checkbox"/>	6. Were you born in Australia? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, in what country?
7.	Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, which best describes your condition? Hearing problem/deafness: <input type="checkbox"/> Physical illness : <input type="checkbox"/> Intellectual disability : <input type="checkbox"/> Mental illness : <input type="checkbox"/> Acquired brain injury : <input type="checkbox"/> Vision problems : <input type="checkbox"/> Medical condition : <input type="checkbox"/> Other.....	8. What is your highest completed school level? (please tick) Year 12 : <input type="checkbox"/> Year 11 : <input type="checkbox"/> Year 10 : <input type="checkbox"/> Year 9 : <input type="checkbox"/> Year 8 or lower : <input type="checkbox"/> I did not attend school : <input type="checkbox"/>

Please continue overleaf.....

9.	<p>What year did you finish school? 19.....</p> <p>Are you still attending secondary school? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	10.	<p>Any qualifications after school? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, which type of qualifications do you have?</p> <p>Bachelor/higher degree :<input type="checkbox"/> Diploma :<input type="checkbox"/></p> <p>Cert IV :<input type="checkbox"/> Cert III/trade cert :<input type="checkbox"/></p> <p>Cert II :<input type="checkbox"/> Cert I :<input type="checkbox"/></p> <p>Other.....</p>
11.	<p>Please tick the box that describes your work:</p> <p>Full time work :<input type="checkbox"/> Part time work :<input type="checkbox"/></p> <p>Self employed :<input type="checkbox"/> Employer :<input type="checkbox"/></p> <p>Family duties :<input type="checkbox"/> Retired :<input type="checkbox"/></p> <p>Unemployed – seeking work :<input type="checkbox"/></p> <p>Unemployed, not seeking work :<input type="checkbox"/></p>	12.	<p>Why did you choose this course?</p> <p>For personal interest :<input type="checkbox"/></p> <p>For self development :<input type="checkbox"/></p> <p>To help me at work :<input type="checkbox"/></p> <p>To help me get a job :<input type="checkbox"/></p> <p>To get into another course :<input type="checkbox"/></p> <p>Other.....</p>

Thank you for your time
If you have any concerns or questions about this form,
please see the co-ordinator