

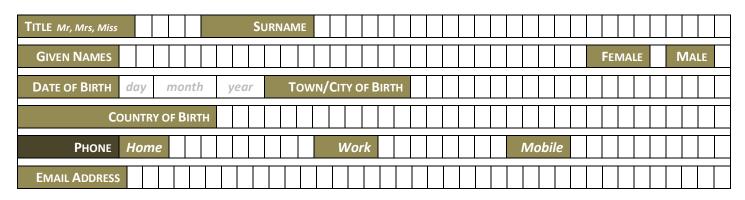


PLEASE USE BLOCK LETTERS

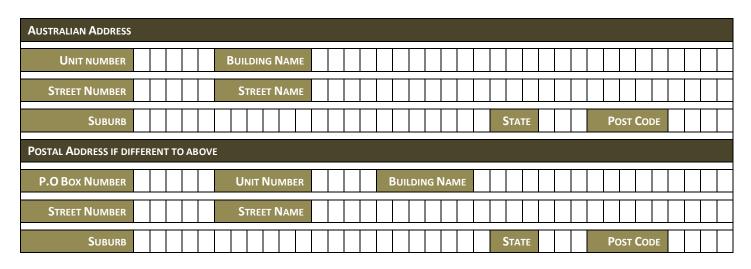
NOTE: CERTIFICATES WILL BE ISSUED IN THE NAME THAT APPEARS ON THIS ENROLMENT FORM.

SECTION 1 YOUR DETAILS

Please PRINT your <u>legal name</u> IN BLOCK LETTERS exactly as it appears on your proof of identity documents



Section 2 Your Address Details



Section 3 Your Emergency Contact Details





SECTION 4 YOUR EDUCATION LEVEL

ARE YOU STILL ATTENDING SCHO	OOL?					
WHAT IS YOUR HIGHEST COMPLE SCHOOL LEVEL? (AUSTRALIAN EQUIVAL	•	☐ Year 10 or equivalent☐ Year 9 or equivalent	☐ Year 8 or below☐ I did not attend sch			
IN WHICH YEAR DID YOU COMPLETE THAT SCHO	DOL LEVEL? Year:					
HAVE YOU SUCCESSFULLY COMPLETED ANY OF	THE FOLLOWING QUALIFICATIONS? (A	USTRALIAN EQUIVALENT)	No ☐ Yes - please se			
☐ Bachelor Degree or Higher Degree	☐ Certificate IV	☐ Certificate	I			
☐ Advanced Diploma or Associate Degre	ee 🗆 Certificate III	☐ Other:				
□ Diploma	☐ Certificate II					
Is this Qualification Recognised as:	☐ Australian	☐ Australian Equivalent	□ International			
OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? Full-time Employee						
ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?	□ No□ Yes - Please select	□ Aboriginal □ To	rres Strait Islander			
Are you an Australian Citizen or Permanent resident?	□ No □ Yes					
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?	☐ No☐ Yes, please specify:					
How well do you speak English?	☐ Very well ☐ Well	□ Not Well □	Not at All			
Do you consider yourself to have a disability, impairment or long term condition? If yes, Please Specify	 No Yes - please set □ Physical □ Learning □ Hearing/Deaf □ Mental I □ Other - please specify: 		Medical Condition			



Section 7 Photographic Image Release

CEACC REPRODUCES PHOTOGRAPHS IN ITS MARKETING	□ No
MATERIAL SUCH AS PUBLICATIONS, FACEBOOK AND ON	
OUR WEBSITE FOR PROMOTIONAL PURPOSES.	□ Yes
CEACC WOULD LIKE TO BE ABLE TO USE AND REPRODUCE	
PHOTOGRAPHS OF YOU FOR THIS PURPOSE AND IS SEEKING	
YOUR CONSENT TO DO SO.	If you wish to withdraw this authorisation, it will be your responsibility to inform CEACC.
Do you give consent TO CEACC to use your	
PHOTOGRAPHIC IMAGE IN THESE WAYS?	

SECTION 8 HARDSHIP APPROVAL (OFFICE USE ONLY)

Executive Officers Signature		Date	D	D	М	Μ	Υ	Y
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SECTION 9 OUR POLICIES

Refunds

CEACC is a not for profit organisation and runs its operations on a tight budget with the loss of just one student's fee meaning a course could run at a financial deficit. This is why CEACC avoids fee refunds and will investigate and implement alternative options, unless there is no other option than refund.

However, consideration will willingly be given to refund of fees in full or part for extenuating circumstances. Examples may be personal illness, family member illness, family or close person's death, or other.

Before refunding any fees the option of placement of the student in a future course will be considered by CEACC.

Fee refunds would be proportional to the hours remaining of the course minus an administration fee of \$20.

If you are seeking a refund, please speak to the Executive Officer.

Privacy Statement

The information collected by CEACC is for the purpose of providing statistics to our funding bodies.

These Departments may use the information provided for planning, administration, policy development, program evaluation, resource allocation and reporting and/or research activities.

In all instances the information we collect will be treated in accordance with our Privacy Policy.

For more information in relation to how student information may be used or disclosed, please contact our administration staff on: 9308 1477 or email us on: ceacc@craigieburn.org.au.



SECTION 10 ENROLMENT ACCEPTANCE AGREEMENT

In sigr	ing this Enrolment Form and Acceptance Agreement I agree that: (please tick)		
	The information in this enrolment form as provided by me is true and correct.		
	I will provide CEACC with up to date and accurate contact details and I agree to contact CEACC to notify of any changes to those details.		
	I have been provided with appropriate and sufficient information to make an informed decision about my enrolment in this course.		
	I have been given a copy, understand and agree to CEACC's Enrolments Terms & Conditions as attached.		
	erstand that the deposit /administration fee of \$20.00 is non-refundable.		
	I understand that if I am having difficulty paying for this course that I can discuss payment options with the CEACC's Executive Officer.		
	I understand that this agreement and the availability of a complaints and appeals process, does not remove the right by me to take action under Australia's consumer protection laws.		
	I understand and agree to the terms described in the privacy statement above.		
	I understand that CEACC reserves the right to accept or reject any application for enrolment at its discretion.		
	STUDENT SIGNATURE DATE D D M M 2 0 Y		
	PRINTED NAME		