

OFFICE USE ONLY

CEACC CODE		TERM/YEAR		ENROLMENT TYPE	FF	HCC
COURSE NAME						

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 **legal name** IN BLOCK LETTERS exactly as it appears on your proof of identity documents

TITLE <i>Mr, Mrs, Miss</i>		SURNAME																	
GIVEN NAMES																FEMALE	MALE		
DATE OF BIRTH	<i>day</i>	<i>month</i>	<i>year</i>	TOWN/CITY OF BIRTH															
COUNTRY OF BIRTH																			
PHONE	<i>Home</i>						<i>Work</i>						<i>Mobile</i>						
EMAIL ADDRESS																			

SECTION 2 YOUR ADDRESS DETAILS

AUSTRALIAN ADDRESS																				
UNIT NUMBER				BUILDING NAME																
STREET NUMBER				STREET NAME																
SUBURB											STATE			POST CODE						
POSTAL ADDRESS IF DIFFERENT TO ABOVE																				
P.O BOX NUMBER				UNIT NUMBER				BUILDING NAME												
STREET NUMBER				STREET NAME																
SUBURB											STATE			POST CODE						

SECTION 3 YOUR EMERGENCY CONTACT DETAILS

NEXT OF KIN																				
RELATIONSHIP																PHONE #				
DOCTOR																PHONE #				

SECTION 4 YOUR EDUCATION LEVEL

ARE YOU STILL ATTENDING SCHOOL?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (AUSTRALIAN EQUIVALENT)		<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 8 or below	
		<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> I did not attend school	
IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?		Year:			
HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (AUSTRALIAN EQUIVALENT)					<input type="checkbox"/> No <input type="checkbox"/> Yes - please select
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate I			
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Other :			
<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate II				
IS THIS QUALIFICATION RECOGNISED AS:		<input type="checkbox"/> Australian	<input type="checkbox"/> Australian Equivalent	<input type="checkbox"/> International	

SECTION 5 YOUR EMPLOYMENT SITUATION

OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS?					
<input type="checkbox"/> Full-time Employee	<input type="checkbox"/> Self-employed - not employing others	<input type="checkbox"/> Unemployed - Seeking full-time			
<input type="checkbox"/> Part-time Employee	<input type="checkbox"/> Employed - unpaid worker in a family business	<input type="checkbox"/> Unemployed - Seeking part-time			
<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed - not seeking employment				

SECTION 6 ADDITIONAL DETAILS

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?		<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please select			<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
ARE YOU AN AUSTRALIAN CITIZEN OR PERMANENT RESIDENT?		<input type="checkbox"/> No	<input type="checkbox"/> Yes				
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:				
HOW WELL DO YOU SPEAK ENGLISH?		<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at All		
DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? IF YES, PLEASE SPECIFY		<input type="checkbox"/> No	<input type="checkbox"/> Yes - please select from list below:				
		<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition		
		<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment			
		<input type="checkbox"/> Other - please specify:					

SECTION 7 PHOTOGRAPHIC IMAGE RELEASE

<p>CEACC REPRODUCES PHOTOGRAPHS IN ITS MARKETING MATERIAL SUCH AS PUBLICATIONS, FACEBOOK AND ON OUR WEBSITE FOR PROMOTIONAL PURPOSES. CEACC WOULD LIKE TO BE ABLE TO USE AND REPRODUCE PHOTOGRAPHS OF YOU FOR THIS PURPOSE AND IS SEEKING YOUR CONSENT TO DO SO.</p> <p>DO YOU GIVE CONSENT TO CEACC TO USE YOUR PHOTOGRAPHIC IMAGE IN THESE WAYS?</p>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<i>If you wish to withdraw this authorisation, it will be your responsibility to inform CEACC.</i>

SECTION 8 HARDSHIP APPROVAL (OFFICE USE ONLY)

EXECUTIVE OFFICERS SIGNATURE		DATE	D	D	M	M	Y	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 signing 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.
- I understand 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	Y
PRINTED NAME										