



Reynard Street  
Neighbourhood House

# REYNARD STREET NEIGHBOURHOOD HOUSE – ENROLMENT FORM (ACFE courses)

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

Term, Year \_\_\_\_\_

## PERSONAL AND CONTACT DETAILS

Mr Mrs Miss Ms Dr Hon

Family Name

Given Names

Address

Suburb

Post Code

Telephone Home

Work

Mobile

Email

Gender

Date of Birth

/ /

## EMPLOYMENT

Of the following categories, which BEST describes your current employment status?

- |   |  |
|---|--|
| <input type="checkbox"/> Unpaid worker in a family business | <input type="checkbox"/> Part time employee                  |
| <input type="checkbox"/> Employer                           | <input type="checkbox"/> Self-employed -not employing others |
| <input type="checkbox"/> Full time employee                 | <input type="checkbox"/> Unemployed seeking full time work   |
| <input type="checkbox"/> Unemployed – not seeking work      | <input type="checkbox"/> Unemployed seeking part time work   |

If you are currently employed, what is your job title? \_\_\_\_\_

## LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?  Australia  Other \_\_\_\_\_

Do you speak a language other than English at home?  No, English only

Yes \_\_\_\_\_

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 |

Are you of Aboriginal or Torres Strait Islander origin?  Yes  No

## SCHOOLING

Are you still attending secondary school?  Yes  No

What is your highest completed school level? Tick one only.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent  | <input type="checkbox"/> Year 8 or below       | <input type="checkbox"/> Never attended school |

In which year did you complete the above level? \_\_\_\_\_

Have you successfully achieved any of the following qualifications?  Yes  No

- |   |  |
|---|--|
| <input type="checkbox"/> Bachelor Degree/ Higher Degree       | <input type="checkbox"/> Advanced Diploma/Associate Degree                     |
| <input type="checkbox"/> Diploma or Associate Diploma         | <input type="checkbox"/> Certificate IV or Advanced Certificate                |
| <input type="checkbox"/> Certificate III or Trade Certificate | <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I |

Was this completed in Australia?  Yes  No

## DISABILITY

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

Yes  No

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

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical          | <input type="checkbox"/> Intellectual              |
| <input type="checkbox"/> Learning     | <input type="checkbox"/> Mental Illness    | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Other _____               |

CONCESSION TYPE

- Age Pension       Carers Pension       Disability Support Pension
- Mature Allowance       Newstart Allowance       Newstart Mature Allowance
- Youth Allowance       Partner Allowance       Parenting Payment Single
- Widow Allowance       Veteran Concession       Family Allowance Supplement
- Special Benefit       Sickness Allowance       Low Income – Health Care Card

**MARKETING**

How did you find out about this course?

- Newspaper       Brochure
- RSNH Website       Other website
- Facebook       Gumtree
- Word of mouth       Job Network
- Other \_\_\_\_\_

Would you like to receive our e-newsletters and updates about RSNH programs and projects?

- Yes       No

**TRAVEL**

How will you travel to Reynard Street Neighbourhood House?

- By foot       Bicycle       Car       Public transport
- Other \_\_\_\_\_

Commonwealth funding departments to gather the personal information above for reporting and statistical purposes. All information is subject to the Information Privacy Principles Privacy Act 1988. All information provided will be stored securely to maintain your privacy and confidentiality. All records are destroyed by shredding when the date for storage expires. Your personal information is not given to any person without your prior consent. To access or update your record contact the ACFE Coordinator on 9386 7128.

**USE AND DISCLOSURE OF TRAINING RELATED INFORMATION**

I give RSNH employees, government or funding-body auditors the right to view training related information and files held in my name.

**TERMS AND CONDITIONS**

By signing this form I hereby accept the terms and conditions of enrolment. I understand that if I withdraw within two (2) weeks of commencement I will be given a refund less 10% administrative cost.

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

**PHOTOGRAPHIC IMAGES, VIDEO IMAGES, WRITING AND QUOTATIONS**

I give my consent and approval for the use of my photographic images, video images, writing and quotations, by RSNH for promotional activities. I also confirm that no payment or benefit will be sought by me for the use of any of the above by RSNH. I understand that I retain the right to withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.

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

STAFF USE ONLY				
Date of enrolment	/ /			
Amount paid      \$			Receipt number	#
Method of payment	Cash	Eftpos	Credit Card	Cheque

**PRIVACY NOTICE**

Reynard Street Neighbourhood House (RSNH) is required by State and

HOUSE MEMBERSHIP	
<p>I, _____ wish to join or renew membership to RSNH, up to 30 April 20___. I agree to uphold the aims and objectives of RSNH, and abide by the constitution and rules of the association</p>	
Signature: _____	Date: _____