



Reynard Street
Neighbourhood House

REYNARD STREET NEIGHBOURHOOD HOUSE – ENROLMENT FORM (ACFE courses)

English as an Additional Language

Term, Year _____

Beginners English

English Conversation

Intermediate English

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?

Unpaid worker in a family business

Part time employee

Employer

Self-employed -not employing others

Full time employee

Unemployed seeking full time work

Unemployed – not seeking work

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?

Very well

Well

Not well

Not at all

Are you of Aboriginal or Torres Strait Islander origin? No

Yes

CONCESSION TYPE

Age Pension

Carers Pension

Disability Support Pension

SCHOOLING

Are you still attending secondary school? Yes No

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

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent

Year 8 or below

Never attended school

In which year did you complete the above level? _____

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

Bachelor Degree / Higher Degree

Advanced Diploma / Associate Degree

Diploma or Associate Diploma

Certificate IV or Advanced Certificate

Certificate III or Trade Certificate

Certificate II

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.

Hearing/Deaf

Physical

Intellectual

Learning

Mental Illness

Acquired brain impairment

Vision

Medical condition

Other _____

- 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 _____

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

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: _____

PRIVACY NOTICE

Reynard Street Neighbourhood House (RSNH) is required by State and Commonwealth funding departments to gather the personal information above for reporting and statistical purposes. All information is subject to the