

Eastern Suburbs Community College Enrolment: Spring 2009

ABN 42 893 599 293

Course Code	Course Name	Centre	Day	Fee
	* 1 2 3 4 5 6 7 8 11 12			\$
	* 1 2 3 4 5 6 7 8 11 12			\$
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	* 1 2 3 4 5 6 7 8 11 12			\$
	COLLEGE MEMBERSHIP <input type="checkbox"/> (optional): 1 Oct. 2009 to 30 Sept. 2010 \$20.00			\$
* see 'Reason for Study'- facing page				
CONCESSION: Where applicable deduct \$20. You must supply your Health Care Card/Seniors Card number in the space below.			TOTAL	\$

REASON FOR STUDY

From January 1 2007 we are required to ask for a reason for study for each enrolment. Only one box (between 1 and 12) may be circled, beneath the course/s named on the enrolment form on the facing page. This is an optional feature and responses are confidential. The 10 nominated responses from which you must choose are:

- 1 . . . To get a job
- 2 . . . To develop my existing business
- 3 . . . To start my own business
- 4 . . . To try for a different career
- 5 . . . To get a better job or promotion
- 6 . . . It was a requirement of my job
- 7 . . . I wanted extra skills for my job
- 8 . . . To get into another course of study
- 11 . . . Other reasons
- 12 . . . For personal interest or self-development

ENROLMENT INFORMATION:

first name

surname

address

postcode

telephone: home work

fax mobile

male female e-mail

health care card number or

seniors card number (if claiming a concession)

PAYMENT DETAILS:

cheque/money order CREDIT CARD: visa mastercard

card no: expiry date:

name as on card:

CARDHOLDER AUTHORITY:

please debit my account by \$ signature

PLEASE CONSIDER YOUR CHOICE CAREFULLY. REFUNDS OF FEES ARE NOT POSSIBLE.

STATISTICAL DATA This information is being collected nationally from recognised providers of adult education and will assist the Adult and Community Education (ACE) sector in planning the delivery of suitable courses. Your personal details will remain confidential and will not be identified in the national collection.

Date of Birth 1 9

Aboriginal Torres Strait Islander

Country of Birth

First Language

English Proficiency (circle number) HIGH LOW
 1 2 3 4

Employment Status: (please tick most appropriate box)

full-time employed/full-time student

part-time employed/part-time student

self-employed employer

family care giver seeking full-time work

seeking part-time work

retired/volunteer school student

School Education:

school certificate higher school certificate

year high school completed

Post School Qualifications:

degree/post graduate undergraduate diploma

associate diploma technical certificate

trade certificate certificate (circle) I II III IV

other certificate specify

Disability: specify

wheelchair access required:

What course/s would you add to our program?