



**E. MEDICAL DETAILS**

Do you consider yourself to have a disability, impairment or long-term condition? Yes  No

If YES, tick applicable boxes (you may indicate more than one area)

<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Physical	<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Other _____

**F. FAMILY BACK GROUND / FUNDING**

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

Which country were you born in?  Australia Other  please specify.....

**Residency Status**  
(Please tick appropriate box)

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Holder of a Permanent Visa
<input type="checkbox"/> Holder of a Special Category Visa (Sub Class 444)	<input type="checkbox"/> East Timorese Asylum Seeker
<input type="checkbox"/> Holder of a Temporary Protection Visa	<input type="checkbox"/> Non Australian Citizen

Do you speak a language other than English at home?  
English only  Yes  Please specify \_\_\_\_\_

How well do you speak English?  
Very well  Well  Not well  Not at all

Do you have a Health Care Card or Veterans Gold Card? Yes  No

If YES, state ID number:

**G. EDUCATION DETAILS / PRIOR QUALIFICATIONS**

Are you still attending secondary school?  Yes  No

What is your highest COMPLETED school level?

Year 12  Year 11  Year 10  Year 9 or equivalent  Year 8 or below  Did not go to school

In what year did you complete this level?     Where

Since leaving school, have you SUCCESSFULLY completed any qualifications?  Yes  No (tick all applicable boxes)

If YES tick applicable boxes:

<input type="checkbox"/> Bachelor Degree or higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Associate Diploma	<input type="checkbox"/> Diploma
<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate III
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate other than above (please describe) _____	

**H. EMPLOYMENT DETAILS**

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

Full Time employee	<input type="checkbox"/> 01	Employed (Unpaid family worker)	<input type="checkbox"/> 05
Part Time Employee	<input type="checkbox"/> 02	Unemployed (Seeking fulltime work)	<input type="checkbox"/> 06
Self Employed (not employing others)	<input type="checkbox"/> 03	Unemployed (Seeking part time work)	<input type="checkbox"/> 07
Employer	<input type="checkbox"/> 04	Not employed (not seeking employment)	<input type="checkbox"/> 08

**I. REASON FOR STUDY / FEEDBACK**

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?  
(Tick one box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get a better job promotion
<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> For personal interest
<input type="checkbox"/> For self development	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To get a qualification	

What/who encouraged you to enrol in this course?

<input type="checkbox"/> Staff Member	<input type="checkbox"/> Local Community Group
<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Radio	
<input type="checkbox"/> Brochure	

# PRIVACY NOTICE

**I understand that:**

MADEC Community College is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at [www.skills.vic.gov.au/corporate/statistics/submit\\_data](http://www.skills.vic.gov.au/corporate/statistics/submit_data)). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

*The Education and Training Reform Act 2006 requires MADEC Community College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.*

**Personal Declaration**

- I declare that the information I have provided on this form is correct at the time of completion.
- I understand that falsifying my information may affect my eligibility to enrol in a government subsidised place and as a result I may be required to pay an additional commercial fee.
- I agree to pay all fees and charges applicable to, and arising from my enrolment.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I am aware that course refunds are governed by MADEC refunds policy available on our website [www.madec.edu.au](http://www.madec.edu.au) or on request at one of our sites.
- I agree that in case of an accident or illness where I require medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.
- I acknowledge and agree to the terms described in this privacy statement:

Please tick box below if you do not wish to be sent any further promotional material.

Student Signature                      x

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**J. ADMINISTRATION USE ONLY**

Proof of Residency	Sighted	ID Number (if applicable)
Australian Birth Certificate		
Current Australian Passport		
Current New Zealand Passport		
Naturalisation Certificate		
Permanent Resident documentation	Visa Number:	
Temporary Protection Visa	Card Number:	
Green Medicare	Card Number:	
Blue Medicare	Card Number:	
Concession / Health Card	Card Number:	
Other		

Proof of Age	
Current Passport	
Birth Certificate (Please note: A birth extract is NOT acceptable)	
Current Driver Licence or Learner Permit	
Proof of Age Card	
Other (please specify)	

Proof of Identification	Identification Type

All Sections Completed / Enrolled	Yes	No
Payment Plan Attached (if applicable)		
Notes:		

ADMIN STAMP: