

ENROLMENT FORM

Please PRINT Clearly

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ Postcode: _____ Gender: Male Female

Date of Birth: ____/____/____ Telephone No: _____ or _____

Birth Country: Australia Other (specify): _____

Email Address: (Only used for contact between you and PTEP) _____

Emergency Contact

Name: _____ Relationship: _____

Contact Number: _____ Mobile Number: _____

Course Name/Code: _____

Where did you hear about this course? _____

Course funded by Self or Other (specify): _____

Concession Card Holder? No Yes: (CRN Number) _____

Which language do you mainly speak at home?

English Other (specify): _____

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 (specify): Aboriginal Torres Strait Islander

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

No Yes (specify):

Hearing/Deaf Acquired Brain Impairment Medical Condition Vision

Intellectual Physical Learning Mental Illness

Other: _____

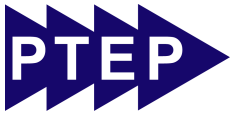
What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 Year 11 Year 10 Year 9 or Equivalent Year 8 or Lower

Did not go to school None

Are you still attending secondary school? Yes No: What YEAR completed above school level? _____

Please Continue onto next page ►



ENROLMENT FORM (CONTINUED)

Tick ONE employment category that best describes you:

- Full-Time Employee, Part-Time Employee, Employed (unpaid in family business), Self-Employed (not employing others), Unemployed (seeking part-time work), Unemployed (seeking full-time work), Not Employed (not seeking employment), Employer

Tick ANY qualifications you have successfully completed:

- Bachelor Degree or Higher Degree, Advanced Diploma or Associate Degree, Diploma (or Associate Diploma), Certificate IV (or Advanced Certificate), Certificate III (or Trade Certificate), Certificate II, Certificate I, Other Certificates

Why do you want to do this course? (Tick ANY relevant reason)

- To get a job, To develop my existing business, To start my own business, To try a different career, To get a better job or promotion, It is a requirement of my job, To get into another course or study, For personal interest or self development, I wanted extra skills for my job, Other reasons

Privacy Statement

I understand that:

Peninsula Training and Employment Program Inc (PTEP) 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.

Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities.

For more information in relation to how student information may be used or disclosed please contact PTEP's Privacy Officer on phone 03 5986 4623 or email admin@ptep.com.au

I acknowledge and agree to the terms described in this privacy statement:



Signature: _____

Date: ____ / ____ / ____

PTEP Inc respects your right to information privacy. Information collected is kept in accordance with the Privacy Legislation. Please contact us if you would like a copy of our Privacy Policy and/or information on privacy.

OFFICE USE ONLY

Student ID: _____ Date: ____ / ____ / ____ DB [] ST []
GFTP Tuition Contribution: [] Exempt [] Concession (>\$) [] Full Confirmed by: _____