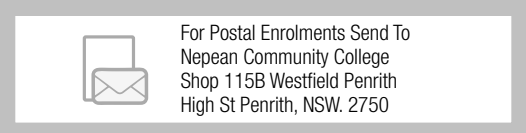


DATE OFFICE USE ONLY: METHOD CODE

REGISTER HERE: Course Name:

Location: Day of the week: Morning Afternoon Evening

Name: Company:
 Address: ABN:
 Town: Building:
 Postcode: Date of Birth: Street:
 H Phone: Town:
 W Phone: Phone:
 Mobile: Email:
 Email:
 USI (page 30):



Payment Method: Cash Cheque EFTpos Mastercard Visa Amount: \$ RECEIPT NUMBER (Office Use Only):
 Card Number: Expiry Date: CCV Signature:

Under the Data Provision Requirements 2012, the College is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER) For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Gender: Male Female Other
 Where did you hear about this College course?
 BM Gazette Ad Weekender Ad Facebook Letterbox Drop
 Nepean News Ad Poster Email Website
 Brochure at a Shop Google Referral Friend
 Indigenous Status: Nil Aboriginal Torres Strait Islander Both
 Country of Birth:
 Do you speak a language other than English at home? No Yes
 If Yes, which language?
 How well do you speak English? Very well Well
 Not well Not at all
 Which of the following best describes your reason for studying?
 To get a job To develop my existing business To start my own business To try for a different career To get a better job or promotion
 I wanted extra skills for my job To get into another course of study Other reasons For personal interest or self-development
 Which of the following best describes your employment?
 Full Time Part Time Self-employed Employer
 Unpaid Family Worker Not employed and not seeking work
 Unemployed: Seeking full time work Seeking part time work
 Do you have a disability? No Yes
 If yes: Hearing Physical Intellectual Learning
 Mental Illness Acquired Brain Impairment Vision
 Medical Condition Other:
 Highest level of school completed? still at school
 Year: 12 11 10 9 8 or lower. Completed when:
 Highest Qualification since turning 17: Degree or higher Advanced Diploma
 Diploma. Certificate: IV III II I Other
 Was this qualification completed at school? No Yes

Do you live in Social Housing? No Yes What is your Australian Residency Status?
 Do you receive a Centrelink or other Benefit? No Yes If Yes, what is its name?
 Are you an Employment Service Provider client? No Yes If Yes, what is your Client ID?
 If Yes, what is your Providers Organisation ID?
 Are you Long Term Unemployed? No Yes If Yes do you have evidence? No Yes

I declare that the above information is correct and am willing to provide evidence of eligibility for funded programs on request

Signed: _____ Date: _____