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PLEASE MAKE CHEQUES & MONEY ORDERS PAYABLE TO MACARTHUR COMMUNITY COLLEGE PAYMENT MUST BE MADE AT THE TIME OF ENROLMENT

IMPORTANT: PLEASE READ ESSENTIAL INFORMATION AND ENROLMENT INFORMATION BEFORE ENROLLING ESPECIALLY REGARDING OUR REFUND POLICY

Course Code: _____ \$ _____

Course Name: _____

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Course Name: _____

Do you wish to become a College Member? If yes, add \$5.50 (incl GST) \$ _____

TOTAL: \$ _____

Have you enrolled with the College before? Yes No If yes, has your address changed? Yes No

If you have a disability, please let the College know before your course commences to discuss any special needs.

First Name: _____

Surname/Family Name: _____

Address: _____

Suburb: _____ P/code: _____

Email: _____

Male Female

Phone (h): _____

Phone (w): _____

Fax: _____ Mobile: _____

Centrelink/Seniors Card No: _____

How did you get your brochure?

- 01 Have done courses - received by mail
02 Internet
03 Centrelink or other employment adviser
04 Phoned the College for a brochure
05 Friend or family member
06 Unsolicited letterbox mail
07 Got a brochure from the Library
09 Newspaper Advertisement
 Other _____

The Federal Government requires all Colleges to collect the following statistics to help with their educational planning and to comply with NSW VETAB regulations for accredited training. Please refer to the Essential Information page - 'Protecting Your Privacy.' We appreciate your taking the time to answer these questions.

What Country were you born in? _____

Date of birth: _____

Do you speak a language other than English at home? Yes/No

If yes which language? _____

If yes, please specify how well you speak English:
 Very Well Well Not Well Not at all

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

Do you consider you have any disabilities? Yes / No

If yes what type? _____

What is your highest completed school level? Please tick.
 Year 12 Year 11 Year 10 Year 9 or lower

In which year did you complete school? _____

Since leaving school have you attempted or gained any formal qualifications? Yes / No If yes please tick:

- Bachelor Degree or higher
 Advanced Diploma or Associate Degree
 Diploma Certificate IV Certificate III
 Certificate II Certificate I Miscellaneous

Which of the following would best describe your current employment? Please tick.

- Full time employee
 Part time employee
 Self employed - not employing others
 Employer
 Employed - unpaid worker in family business or carer
 Unemployed - Seeking full time paid work
 Unemployed - Seeking part time paid work
 Not employed (not seeking paid work, retired, volunteer, student)

Of the following categories, which BEST describes your main reason for undertaking this course? Please tick one box only.

- 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
 It was a requirement of my job
 I wanted extra skills for my job
 To get into another course of study
 For personal interest or self-development
 Other reasons

Payment Details: Cash Cheque Money Order Mastercard Visa

Card No: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] Expires: _____

Cardholder Name: _____ Signature: _____