



ENROLMENT FORM 2021

Ted Ajani Reserve
2/284 Thompsons Road, Lower Templestowe VIC 3107
Phone: 9850 3687 Fax: 9850 3030 Email: office@livelearnajani.org.au

Payment is required to secure your place

Enrolments can be made over the phone on
9850 3687 by using your credit card
or by coming into the office to pay with
cash, cheque or credit/debit card.

Office Use Only: Fee for Service ☐ Funded ☐

PERSONAL DETAILS - please print clearly

(Mr/Mrs/Miss/Ms) First Name Surname

Date of Birth / / 19..... Phone (Home)

Phone (Work) Phone (Mobile)

Email:

Home/Postal Address

Emergency Contact Name Relationship to you

Phone No Mobile

From time to time our staff take photos/testimonials and use them for marketing purposes both internally and externally.

Do you give permission for photos/testimonials to be taken and published? Yes ☐ No ☐

To withdraw your permission at any time please see reception staff.

How did you hear about Living & Learning @ Ajani and this course?

1. Living & Learning @ Ajani

- ☐ brochure mail out
☐ emailed brochure
☐ brochure in newspaper

2. Local papers

- ☐ Manningham Leader
☐ "What's On" section
☐ Advertisement

- ☐ Melbourne Weekly Eastern
☐ "See & Do" section
☐ Story or Article

3. ☐ our website

4. ☐ Existing Customer

5. ☐ Word of mouth / Friend

6. ☐ Facebook

7. ☐ Job Service Agency (which agency?

8. ☐ School (which school?

9. ☐ Other.....

What other courses have you done at Living & Learning @ Ajani in the past 12 months? Please list name of course/s

1 2

COURSE & FEE DETAILS

Name of Course	Course Code	Start Date	Course Fee
			\$
			\$

Concession rates apply for Pensioner Concession Card, Commonwealth Health Care Card and Veterans Gold Card holders.

A copy of your concession card is required at enrolment.

Are you claiming concession? Yes ☐ No ☐

If Yes, what type? (health care, pensioner or veterans) Expiry date

Office Use Only
copy obtained ☐

THE INFORMATION ON THE NEXT PAGE IS REQUIRED BY OUR FUNDING BODIES

Please complete all questions on each page of this form

LANGUAGE and CULTURAL DIVERSITY

- Are you of Aboriginal or Torres Strait Islander descent? No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐
- Were you born in Australia? Yes ☐ No ☐ If No, country of birth is
- Are you an Australian citizen? Yes ☐ No ☐ Are you an Australian Permanent Resident? Yes ☐ No ☐
(holder of permanent visa)
- Are you a holder of a Special Category Visa (sub class 444, New Zealand)? Yes ☐ No ☐
- Are you an East Timorese asylum seeker? Yes ☐ No ☐ Do you have Temporary Protection Visa? Yes ☐ No ☐
- Do you speak a language other than English at home? No, only English ☐ Yes, other ☐
- If more than one language, please indicate the language spoken most often
- If English is not your first language, how well do you speak English? Very Well ☐ Well ☐ Not Well ☐ Not at all ☐

SCHOOLING

- Did you complete your schooling in Victoria? Yes ☐ No ☐ If No, when did you move to Victoria?
- Do you have a VSN (Victorian Student Number)? Yes ☐ No ☐ If Yes, VSN number
- Do you have a USI (Unique Student Identifier)? Yes ☐ No ☐ If Yes, USI number
- Are you enrolled in the Commonwealth Government's Skills for Education and Employment Program? Yes ☐ No ☐
- What is your highest COMPLETED school level? (tick ONE box only):
- ☐ Did not go to school ☐ Year 8 or lower ☐ Year 9 or equivalent ☐ Year 10
☐ Year 11 ☐ Year 12 Year completed

EMPLOYMENT

Please indicate your current employment status (tick ONE box only):

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed - unpaid worker in family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Self employed - not employing others | <input type="checkbox"/> Unemployed - seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed - not seeking employment |

DISABILITY / MEDICAL CONDITION

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

If yes, please indicate area of disability, impairment or long term condition (you may indicate more than one area):

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hearing / Deaf | <input type="checkbox"/> Mental Illness | |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Physical | |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Vision | |

Please inform the relevant Program Coordinator prior to commencement of your course of any injury, illness or disability that may affect your participation.

PREVIOUS QUALIFICATIONS ACHIEVED

Please indicate if you have successfully COMPLETED any of the following qualifications (Non Australian qualifications are not recognised unless equivalency has been formally established with a qualification within the AQTF Framework):

- | | |
|---|---|
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV Adv. Certificate/Technician |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma (or Associate Diploma) |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificates other than the above |

Please complete all questions on each page of this form

REASON FOR STUDY

What is your main reason for enrolling in this course (tick ONE box only):

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

ELIGIBILITY CRITERIA for individuals referred under Specific Initiatives

Are you eligible for enrolment under any of the specific initiatives stated below? Yes ☐ No ☐

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If yes, please provide documentation to support your eligibility and indicate which initiative:

- | | |
|--|---|
| <input type="checkbox"/> Workers in Transition Program | <input type="checkbox"/> Asylum Seekers & Victims of Human Trafficking Initiative |
| <input type="checkbox"/> Young People Transitioning From Care Initiative | <input type="checkbox"/> Single and Teenage Parents Initiative |

PRIVACY STATEMENT

I understand that:

Living & Learning @ Ajani is required to provide the Victorian Government, through Higher Education Skills Group (HESG) or the ACFE Board, with learner 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).

Skills Victoria and the ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria and ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. For more information in relation to how learner information may be used or disclosed please contact the Living & Learning @ Ajani Privacy Officer or phone 9850 3687 or email office@batch.org.au I acknowledge and agree to the terms described in this privacy statement:

Signature:

Date:

DISCLAIMER and DECLARATION (translations available upon request)

Representations and Acknowledgements:

- * There are no medical reasons or pre-existing illness/es or injury/ies preventing me from participating in the class or activity for which I am applying/enrolling and I am physically capable of performing the requirements relating to this class or activity.
- * To the maximum extent permitted by law, I acknowledge that Living & Learning @ Ajani gives no warranties in respect of the facilities and equipment it provides, and makes no representation as to the suitability of classes or activities for any individual.
- * I authorise Living & Learning @ Ajani to seek emergency medical, hospital, ambulance services or treatment as is deemed necessary on my behalf while attending the centre. I also understand that Living & Learning @ Ajani bears no responsibility and will indemnify Living & Learning @ Ajani for costs incurred as a result.
- * I acknowledge that I will not hold Living & Learning @ Ajani (or any of its employees) responsible for any personal injury (caused by negligence or otherwise), either direct, indirect, resulting or consequential, or any loss, expense, damage or injury suffered by me or to my property.
- * I acknowledge that Living & Learning @ Ajani is committed to safeguarding learners' privacy, however situations may arise which require the disclosure of my personal information. I understand that Living & Learning @ Ajani acknowledges and adheres to the National Privacy Principles of the Privacy Act 1988 (Cth) as amended.
- * I confirm that I have received a copy of the Learner Information Handbook.

Liability:

- * Living & Learning @ Ajani excludes, to the maximum extent permitted by law, all liability for any personal injury and any direct or indirect or consequential loss, damage or expense.
- * To the maximum extent permitted by law, I hereby release and will indemnify and keep indemnified Living & Learning @ Ajani for any injury or loss suffered by me whilst on Living & Learning @ Ajani's premises.

Declaration:

I declare that, to the best of my knowledge, the information supplied by me on this form is true and correct. I have read and accept the conditions of enrolment as per the Learner Information Handbook and Policies Handbook, including the Refund of Fees Policy, (Policy 4).

Signature:

Date: