Enrolment Form

Albury Wodonga Community College

63 High Street, Wodonga 3690 • Ph: (02) 6043 8200 • Fax: (02) 6056 1612
Email: reception@awcc.edu.au • Website: www.awcc.edu.au
ACN 098 711 874 • ABN 28 368 867 854

Course Code _____ **Title** _____ **Cost $** _____

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Title _____ Surname _____ First Name _____ Date of Birth _____ M / F

Address _____ Postcode _____

Phone (work) _____ Phone (home) _____ Mobile _____

Email _____ If claiming concession, benefit number _____

Signature _____ Date _____

I give the Albury Wodonga Community College permission to provide me with the
Quarterly Course Guide ☐ ***and or the Quarterly Company newsletter*** ☐ ***by mail*** ☐ ***or email*** ☐ Please provide email address above

How did you hear about this course/program? ☐ Brochure ☐ Radio ☐ Website ☐ Newspaper ☐ Word of Mouth ☐ Other _____

If you have already supplied the following information and it has not changed, please go to payment details

What country were you born in?
☐ Australia ☐ Other _____

What is the main language you speak at home?
☐ English ☐ Other _____

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

Are you of Aboriginal or Torres Strait Islander origin?
☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Do you have a disability, impairment or long-term condition? ☐ YES ☐ NO
If yes, please tick one or more:
☐ Hearing/Deaf ☐ Medical condition ☐ Vision ☐ Unspecified
☐ Physical ☐ Mental illness ☐ Learning
☐ Intellectual ☐ Acquired brain injury ☐ Other _____
If yes, would you need support to attend courses? ☐ YES ☐ NO

What is your current employment status?
☐ Full time employee ☐ Employed - Unpaid worker in a family business
☐ Part time employee ☐ Employer
☐ Unemployed - seeking part-time ☐ Self-employed - not employing others
☐ Unemployed - seeking full-time ☐ Not employed and not seeking employment
☐ Employer Details (optional) _____

Are you still at secondary school? ☐ YES ☐ NO

Highest school level completed? **And in which year?** _____
☐ Did not go ☐ Year 8 or below ☐ Year 9 or equivalent
☐ Year 10 ☐ Year 11 ☐ Year 12

PAYMENT DETAILS [Please fill in for Mail or Fax enrolments]

☐ Cash ☐ Cheque payable to AWCC
☐ Bankcard ☐ Visa ☐ Mastercard

Name on Card: _____

Card Number:
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: _____

Signature of Cardholder: _____

Conditions of Enrolment

Please choose your course/s carefully. Once we have processed your enrolment, we are unable to arrange refunds, except in the following conditions:

- ***A refund by cheque, will be made when a course is cancelled by the AWCC***
- ***A Credit Note can be applied for, if circumstances do not permit the student to attend, provided 3 working days notice is given. An administration fee of $20 will apply.***
- ***NOTE: If you enrol within 3 days of the course commencing, you forfeit your right to receive a Credit Note.***

The AWCC cannot be responsible for changes in a student´s circumstances. Please refer to the Refund Policy, which is available on request.
While the AWCC makes every effort to ensure a positive learning outcome, we cannot accept responsibility for the studentís own abilities and application.

I have read and understand the conditions of enrolment. **Yes** ☐

I am aware of the Privacy Policy and that this enrolment information can be used for State Funding body, statistical purposes. **Yes** ☐

Please ask if you would like a copy of the AWCC Privacy Statement.

Other qualifications?
☐ Certificate I ☐ Certificate II ☐ Certificate III or Trade Certificate ☐ Certificate IV or Advanced Certificate
☐ Diploma or Associate Diploma ☐ Advanced Diploma or Associate Degree ☐ Bachelor Degree or Higher Degree ☐ Other

Which of the following best describes your reasons for undertaking this course/program?
☐ To get a job ☐ To develop my existing business ☐ To start my own business ☐ Other reasons
☐ 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 or study ☐ Personal interest/self-development _____

please see overleaf

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Skills Victoria Student Declaration (Eligible students only)

I, ……...…….. (FULL NAME)

of ….……...…..…… (ADDRESS)

Declare that the information I have provided on the Albury Wodonga Community College's enrolment form dated the ……../……../……. to be true and accurate and am aware that providing misleading or false information may result in termination from the course and or require me to pay the full fee for service price.

Signed ……....…… Dated ……../……../……..….

Victorian Student Number

Enter your VSN ☐☐☐ ☐☐☐ ☐☐☐

If you have not provided a VSN, is this because:

☐ I am new to the Victorian Education System.
I have never attended a school, TAFE or other VET training provider in Victoria.
If you have attended a Victorian school, TAFE or VET provider but do not have a VSN leave the VSN and above tick box blank.

Privacy Statement

I understand that Albury Wodonga Community College is required to provide the Victorian Government, through Skills Victoria or the ACFE Board, 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).

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 the 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 student information may be used or disclosed please contact the Albury Wodonga Community College's Reception on 02 6043 8200 or at reception@awcc.edu.au

I acknowledge and agree to the terms described in this privacy statement. ☐ Yes ☐ No

Signed ……....…… Dated ……../……../……...

Office Use Only

Students course commencement date ……/……..…/……..….

Eligibilty Exemption Granted (if applicable) ☐ (tick for yes) Exemption forms signed and attached ☐ (tick for yes)

AWCC Employee Declaration

I …… staff member of the Albury Wodonga Community College have verified the declaration form for the above named student against our own student management database, enrolment form and other public sources of information where available. I have checked the students eligibility by confirming their:

1. Residential status
2. Age of the student in the year the course commences
3. Students prior qualifications (if any)
4. Entry into a Foundation skills course

Signed by AWCC Staff Member …… Dated ...../...../.....