**ACFE FUNDED ENROLMENT FORM 2024**

*Our funding bodies require all providers to collect statistics and information.*

*You will not be identified with the statistics. Please answer* ***all*** *the questions.*

A

***Student No*.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Course(s)** | | | | | | | | | | **Start Date** | | | | **Office Use (Code)** | | |
| 1. | | | | | | | | | |  | | | |  | | |
| 2. | | | | | | | | | |  | | | |  | | |
| 3. | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | |  | | | |  | | |
| Surname |  | | | | | Given  Names | |  | | | | | Date Of Birth | | |  |
| Address | Number: Street Name:    Suburb: Postcode: State: | | | | | | | | | | | | | | | |
| Telephone | | Home: | | | | | Mobile: | | | | | | | | | |
| Email Address | | | |  | | | | | | | | Gender | | |  | |
| Emergency Contact Person | | | | | Name: | | | | | | | | | | | |
| Relationship | | |  | | | | | | Phone | |  | | | | | |

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| Eligibility Criteria for Government Funded Places. To be eligible for a Government funded place you must be able to provide proof of your Australian Citizenship/Residential Status/NZ Citizenship: | | | | | | | | | | | | | | | | |
| Medicare Card no. (required for place in funded course) | | | | | | | | | |  | | | | | | |
| ***Please Circle*** – Are you an: | | | | | | | | | | | | | | | | |
| Australian  Citizen? | YES | NO | |  | New Zealand Citizen? | YES | | NO | | |  | | Permanent Australian Resident? | | YES | NO |
| Do you have a concession card? ***Please circle*.** | | | | | | | YES | | NO | | | |  | | | |
| If YES, what type | | |  | | | | | | | | | | | | | |
| Benefit Card number | | |  | | | | | | | | | Exp Date | |  | | |

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| **Disability** | | | | |
| Do you have a disability, impairment or long-term condition? ***Please circle*** | | | YES | NO |
| If Yes, please indicate the areas of disability, impairment or long-term conditions. (You may indicate more than one area*.).* ***Please circle*** | | | | |
| Acquired Brain Impairment | Hearing impairment | Intellectual disability | Specific learning needs | |
| Mental health illness | Physical disability | Vision impairment | | |
| Other, please specify | | | | |

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| Are you of Aboriginal Origin?  ***Please circle*** | | YES | | NO | Are you of Torres Strait Islander Origin?  ***Please circle*** | | | | | | | | | | | | | | YES | NO |
|  | | | | | | | |  | | | | | | | | | | | | |
| Country of Birth |  | | | | Language/s spoken at home | | | | | | | | |  | | | | | | |
| How well do you speak English? ***Please circle*** | | | | | | Very well | | | | | Well | | | Not well | | | | Not at all | | |
| Please provide your Victorian Student Number if you are aged 24 or below at time of enrolment  VSN no. is VSN Unknown   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **School/Training completed** | | | | | | | | | | | | | | | | | | | | |
| Are you still attending secondary school? ***Please circle*** | | | | | | | | | | Yes | | | | | No | | | | | |
| Highest school level completed in Australia ***Please circle*** | | | Y12 | | Y11 | | | | Y10 | | | Y9 | Y8 or below | | | Did not go to school | | | | |
| Do you have a qualification? ***Please circle*** | | | | | | | | | | | | | Yes | | | | No | | | |
| **If Yes, please circle where you obtained your qualification:** | | | | | | | | | | | | | |  | | | | | | |
| Australia (A) International (I)  or (E) Australian Equivalent assessed by Victorian Overseas Qualification Unit (OQU) | | | | | | | | | | | | | | | | | | | | |
| **Please circle all qualifications that apply.** | | | | | | | | | | | | | | | | | | | | |
| Bachelor or Higher Degree | | | | | | | Certificate III (or Trade Certificates) | | | | | | | | | | | | | |
| Advanced Diploma or Associate Degree | | | | | | | Certificate II | | | | | | | | | | | | | |
| Diploma (or Associate Diploma) | | | | | | | Certificate I | | | | | | | | | | | | | |
| Certificate IV (or Advanced Certificate/Technician) | | | | | | | Certificates other than the above | | | | | | | | | | | | | |

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| **Employment Status – *Please circle*** | | | |
| 1. Full Time employee | 1. Part-time paid employee | 1. Self employed   not employing others | 1. Employer |
| 1. Employed-unpaid family worker | 1. Unemployed-seeking full-time work | 1. Unemployed-seeking part-time work | 1. Not employed, not seeking employment |

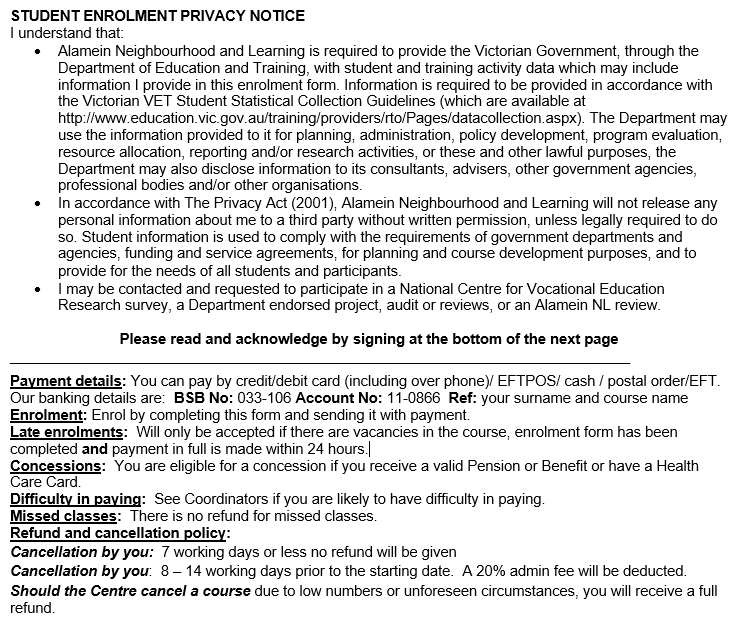
|  |  |
| --- | --- |
| **Which following classification best describes the industry of your current or previous employer? – *Please circle*** | |
| 1. Agriculture, forestry and fishing 2. Mining 3. Manufacturing 4. Electricity, gas, water & waste services 5. Construction 6. Wholesale trade 7. Retail trade 8. Accommodation & Feed services 9. Transport, postal and warehousing 10. Information media & telecommunications | 1. Financial and insurance services 2. Rental, hiring & real estate services 3. Professional, scientific & technical services 4. Administrative and support services 5. Public administration & safety 6. Education & training 7. Health care & social assistance 8. Arts & recreation services 9. Other |

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| **Occupation – Please *circle*** | | | | |
| 1-Manager | | 2-Professional | 3-Technicians and Trades Workers | |
| 4-Community and personal service workers | | 5-Clerical and Administration workers | 6-Sales Workers | |
| 7-Machine Operators and Drivers | | 8-Labourers | 9-Other | |
| **What is your reason for choosing this course – Please *circle*** | | | | |
| 1-To get a job | 2-To develop my existing business | | | 3-To start my own business |
| 4-To try for a different career | 5-To get a better job or promotion | | | 6-It was a requirement for my job |
| 7-I wanted extra skills for my job | 8-To get into another course or study | | | 11-Other Reasons |
| 12-For personal interest or self-development | 13-To get skills for community/voluntary work | | |  |
| Where did you find out about this course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

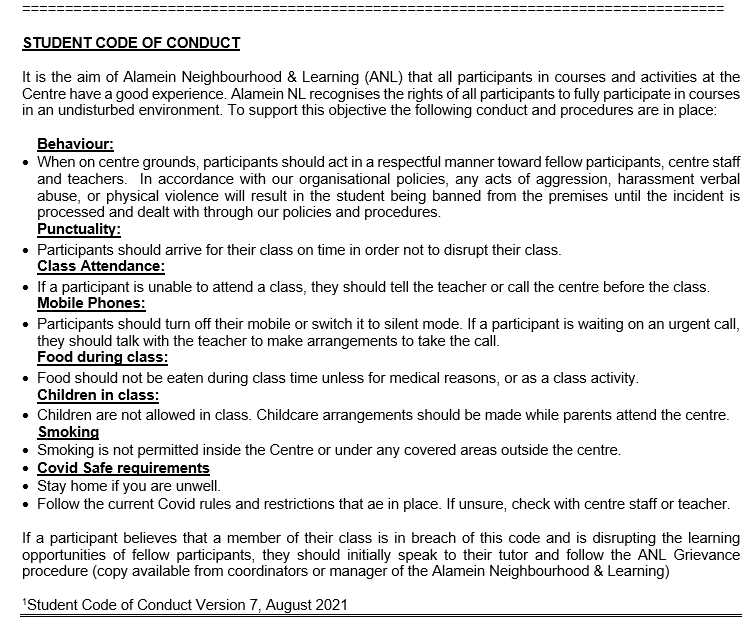
**Medical information**

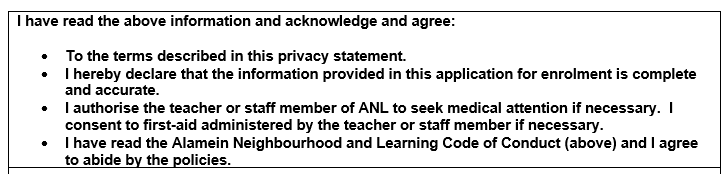
Do you have any medical conditions that could impact your participation in your class? If so, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Please tick if you DO NOT want to receive information about ANL promotions & specials





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| --- | --- |
| **Full Name:** | |
| **Signed:** | **Dated:** |