**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.*

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***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 enrolmentVSN no. is VSN Unknown

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|  **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
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| 1. Employed-unpaid family worker
 | 1. Unemployed-seeking full-time work
 | 1. Unemployed-seeking part-time work
 | 1. Not employed, not seeking employment
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| **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:

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





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