



**ENROLMENT FORM
EDUCATION CENTRE GIPPSLAND LTD**

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**2010
ONLY**

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**Warragul
Leongatha
Traralgon
Pakenham**

ECG abides by the requirements of the Commonwealth Privacy Amendment Act (2000) & the Victorian Information Privacy Act (2000). ECG is required by our funding bodies to request this information for statistical purposes. Confidentiality of data is guaranteed. We may use the information to contact you about our courses. ECG is a Smoke-Free Environment.

1. Complete all details and then sign the conditions of enrolment on page 2. 2. Have you previously enrolled at ECG? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you an ECG employee? <input type="checkbox"/> Yes <input type="checkbox"/> No COURSE LOCATION: _____	COURSE CODE: _____ COURSE NAME: _____ START DATE: _____
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PERSONAL DETAILS	RESIDENTIAL/POSTAL ADDRESS & TELEPHONE
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Title (Please circle) Mr Mrs Miss Ms Dr	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Number & Street Suburb Post Code
Surname		Phone: Home Work
Given names		Mobile ❖
Previous name		❖ ECG's preferred method of notification of changes to class times, postponement of classes etc is via text message to given mobile number . If mobile phone not available notification will be via landline number/s.
Date of Birth		Email

EMERGENCY DETAILS OR NEXT OF KIN	SCHOOLING
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Contact: _____ Relationship _____ Phone: _____	Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which school are you attending _____ What is your highest COMPLETED school level? (Tick ONE box only) <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 9 or equivalent <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 8 or below <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Did not go to school In which year did you complete your highest school level? Year: _____ Location: _____
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DISABILITY	LANGUAGE AND CULTURAL DIVERSITY
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<i>In order to provide appropriate support services we invite you to give us information about any disability you have</i> Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, then please indicate the area of disability, impairment or long-term conditions: (You may indicate more than one area) <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Mental illness <input type="checkbox"/> Medical condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other If YES, do you require special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth: _____ <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Other, please specify _____ (If more than one, indicate the language that is spoken most often.) Please tick which box applies to you: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident of Australia <input type="checkbox"/> Temporary Protection Visa <input type="checkbox"/> East Timorese Asylum Seeker <input type="checkbox"/> Overseas Fee Paying Student
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EMPLOYMENT	PREVIOUS QUALIFICATIONS ACHIEVED
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Which situation listed below best describes your current position? (Tick ONE box only) <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Not employed – not seeking employment	Have you completed any qualifications since leaving school? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, tick any applicable boxes <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate 2 <input type="checkbox"/> Bachelor Degree or higher degree <input type="checkbox"/> Certificate 3 <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate 1 <input type="checkbox"/> Certificate 4/Advanced/Technical Certificate <input type="checkbox"/> Certificates other than above
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