



**TONGALA EDUCATION
CENTRE INC.**

SURNAME: _____ Given Names: _____

GENDER Male Female Date of Birth:

HOME PHONE: _____ WORK PHONE: _____

MOBILE _____

ADDRESS: _____

TOWN: _____ POST CODE: _____

ARE YOU ABORIGINAL? Yes/No Are you a Torres Strait Islander? Yes/No

ARE YOU STILL AT SCHOOL? Yes/ No What was your highest level completed at school?

Year Completed _____

Completed in _____

VICTORIAN STUDENT NUMBER

Do you have a Victorian Student Number? Yes- please specify _____

Yes- but the VSN is unknown

No – the student has never been issued a VSN

EMPLOYMENT CATEGORY Of the following categories, which BEST describes your current employment status?

- 01 Full time employee
- 02 Part time employee
- 03 Self employed – not employing others
- 04 Employer
- 05 Employed-Unpaid family worker
- 06 Unemployed – seeking full time work
- 07 Unemployed – seeking part time work
- 08 Not employed – not seeking employment

OFFICE USE ONLY

Data entered _____

Cert NO _____

Proof of Age Evidence Sighted

Date entered _____

Date _____

Stat No _____

Signed _____





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COUNTRY OF BIRTH: _____

Do you speak a language other than English at home? Yes/ No. If yes, state

language _____

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

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

If yes, please indicate

- | | | |
|-------------------|-----------------------------|-----------------|
| 01 Hearing / Deaf | 02 Physical | 03 Intellectual |
| 04 Mental illness | 05 Acquired Brain Injury | 06 Visual |
| 07 Medical | 08 Other please state _____ | |

Do you consent to the above information regarding disability to be provided to your tutor/s? Yes/No

PRIOR EDUCATION Have you SUCCESSFULLY completed any of the following qualifications? Yes / No

- 01 Bachelor Degree or Higher Degree
- 02 Advanced Diplomas or Associate Degree
- 03 Diploma (or Associate Diploma) Post Graduate Diploma
- 04 Certificate IV (or Advanced Certificate/Technician)
- 05 Certificate III (or Trade Certificate)
- 06 Certificate II
- 07 Certificate I
- 08 Certificates other than the above

CREDIT TRANSFER

Do you wish previous accredited training to be examined to exempt you from some units? Yes/No

Attach proof of previous training (Photocopies please, not originals)

RECOGNITION OF PRIOR LEARNING

Do you wish previous experience or non-accredited training to be examined? Yes/No

Contact the centre and request a RPL Information Kit. Note RPL is charged on a fee for service basis. Fee \$80 per hour (including GST). Price current 27/11/2011 subject to change.

Privacy Statement



**TONGALA EDUCATION
CENTRE INC.**

CONTACT US IN PERSON AT: Corner Henderson & Finlay Roads Tongala Victoria 3621.
PO BOX 113 Tongala Victoria 3621 **PHONE:** (03) 5859 1100 **FAX:** (03) 5859 1124
EMAIL: goldencow@netspace.net.au **WEB:** goldencow.com.au



**TONGALA EDUCATION
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I understand that TONGALA EDUCATION CENTRE INC is required to provide the Victorian Government, through Skills Victoria, with students and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with Victorian VET Students Statistical Collection Guidelines (which are available at xxx.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource4 allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisors, other government agencies, professional bodies and/or other organizations.

The Education and Training reform Act 2006 requires TONGALA EDUCATION CENTRE INC to collect and disclose my personal information for a number of purposes including the allocation to me a Victorian Student Number and updating my personal information on the Victorian Students Register.

For students eligible for VET Fee Help, the following privacy statement also applies:

TONGALA EDUCATION CENTRE INC is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. TONGALA EDUCATION CENTRE INC will disclose this information to the Department of Education and Workplace Relations (DEEWR) for those purpose. DEEWR will store the information securely in the higher Education Information Management System. DEEWR may disclose the information to the Australian Taxation Office. TONGALA EDUCATION CENTRE INC and DEEWR will not other wise disclose the information without my consent unless required or authorized by law.

For more information in relation to how student information may be used or disclosed please contact TONGALA EDUCATION CENTRE INC on (03) 58591100 or email reception5@netspace.net.au

I acknowledge and agree to the terms described in this privacy statement:

STUDENT SIGNATURE: _____

DATE: _____