



## ENROLMENT FORM: PRE ACCREDITED ACFE

Course applying for: \_\_\_\_\_

Contact Details (Please record your name as you would wish it to appear on a certificate)	
Title (What do you like to be called?)	Mr / Mrs / Ms / Miss
First Name	
Last name	
Gender:	Male / Female
DOB (When were you born?)	d d / m m / y y y y
Country of birth. (Where were you born?)	
Home Phone number	
Mobile number	
Full address (Where do you live?)	
Postal address (if different from above)	
Email	
Do you have a current Government Concession card?	Yes / No <i>If yes, please supply a photocopy of your card.</i>
What language do you speak at home?	
Are you Aboriginal?	Yes / No
Are you a Torres Strait Islander?	Yes / No
Emergency Contact person (Who should we contact in an emergency?)	
Relationship to you (Who are they?)	
Emergency phone number	

**Do you have any difficulty with the English Language?**

Yes

No

(If appropriate, please tick relevant box to identify where you have difficulty)

- ☐ Reading
- ☐ Writing
- ☐ Speaking

**How well do you speak English?**

- ☐ Very well
- ☐ Well
- ☐ Not Well
- ☐ Not at all

### School / Training Details

Are you still attending school? Yes / No

What is your Highest school level completed (Please circle)

Year 12 / Year 11 / Year 10 / Year 9 or equivalent / Year 8 or lower / Never attended school.

What year did you complete high school? .....

### Victorian Student Number (VSN) – (if you are under 25 years of age)

Please provide your VSN if you have attended a Victorian school since 2009, or further education facility since 2011.

\_\_\_\_\_

- ☐ I have not attended a Victorian school (since 2009), TAFE or other Registered training Organisation (since 2011).

If you have not provided a VSN, is this because you are new to the Victorian Education System? Yes / No

Have you **successfully** finished any of these Australian qualifications? Yes / No

(Please tick which is your **highest** completed level of qualification)

- |  |   |
|--|---|
| <input type="checkbox"/> Certificate I                                     | <input type="checkbox"/> Diploma or Associate Diploma         |
| <input type="checkbox"/> Certificate II                                    | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Certificate III or Trade certificate              | <input type="checkbox"/> Bachelor Degree or higher            |
| <input type="checkbox"/> Certificate IV or Advanced Certificate technician | <input type="checkbox"/> Certificate – other than listed      |

### What kind of qualification do you hold?

- ☐ Australian qualification
- ☐ Australian equivalent (*Australian equivalent assessed by Victorian Overseas Qualification unit (OQU)*)
- ☐ International

### Where did you find out about this course?

- ☐ Friend
- ☐ Work
- ☐ Job Service Agency
- ☐ Employer
- ☐ Newspaper
- ☐ KLA members program
- ☐ KLA members Website
- ☐ Knox Business Direct Website
- ☐ Knox Business E-Bulletin
- ☐ Short Courses in Knox Website
- ☐ Pop Up Learning
- ☐ Other. Please specify .....

### Why did you choose this course?

- |   |  |
|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> It was a requirement of my job            |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> I wanted extra skills for my job          |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> To get into another course or study       |
| <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons                             |

## Employment Status

Please choose 1 only

- |  |  |
|--|--|
| <input type="checkbox"/> Full time worker                    | <input type="checkbox"/> Employed - Unpaid worker in family business |
| <input type="checkbox"/> Part time worker                    | <input type="checkbox"/> Unemployed, seeking part time work          |
| <input type="checkbox"/> Self-employed, not employing others | <input type="checkbox"/> Unemployed, Seeking full time work          |
| <input type="checkbox"/> Employer                            | <input type="checkbox"/> Not employed, not seeking employment        |

## Which of the following classifications BEST describes your current or recent occupation?

(Tick one box only)

- ☐ 1 Manager
- ☐ 2 Professionals
- ☐ 3 Technicians & Trade workers
- ☐ 4 Community & personal services
- ☐ 5 Clerical & Administrative worker
- ☐ 6 Sales worker
- ☐ 7 Machinery operator & drivers
- ☐ 8 Labourers
- ☐ 9 Other

## Which of the following classifications BEST describes the Industry of your current or previous employer? (Tick one box only.)

- |  |   |
|--|---|
| <input type="checkbox"/> A Agriculture, forestry & fishing           | <input type="checkbox"/> K Financial & Insurance Services               |
| <input type="checkbox"/> B Mining                                    | <input type="checkbox"/> L Rental, hiring & Real estate services        |
| <input type="checkbox"/> C Manufacturing                             | <input type="checkbox"/> M Professional, scientific & technical service |
| <input type="checkbox"/> D Electricity, gas, water and waste service | <input type="checkbox"/> N Administrative & Support services            |
| <input type="checkbox"/> E Construction                              | <input type="checkbox"/> O Public administration & safety               |
| <input type="checkbox"/> F Wholesale Trade                           | <input type="checkbox"/> P Education & Training                         |
| <input type="checkbox"/> G Retail Trade                              | <input type="checkbox"/> Q Health Care & social assistance              |
| <input type="checkbox"/> H Accommodation & Food services             | <input type="checkbox"/> R Art & recreation services                    |
| <input type="checkbox"/> I Transport Postal & Warehouse              | <input type="checkbox"/> S Other services                               |
| <input type="checkbox"/> J Information, Media & Telecommunication    |   |

## Medical Conditions

We like to provide support for people with extra needs. Do you consider yourself to have a disability, impairment or long-term condition?

Yes ☐ No ☐

### If yes, do you have any of these Medical conditions?

- |  |  |
|--|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Hearing / Deaf        | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Intellectual          | <input type="checkbox"/> Physical          |
| <input type="checkbox"/> Learning              | <input type="checkbox"/> Vision            |

Other .....

## RULES FOR GOVERNMENT FUNDING

To receive Australian Government Funding please provide original documentation for us to copy and retain (the copy) for audit purposes.

### Are you an Australian citizen? Yes / No

(If **Yes** please supply a copy of your green Medicare card and proceed to the SIGNATURE AND DECLARATION section.)

### If you are not an Australian citizen, please answer the following:

Are you an Australian Permanent Resident (holder of permanent visa)?

Yes / No

Do you hold a special category Visa (sub-class 444 New Zealand citizen)?  
Do you hold a Temporary Protection visa?  
Are you an East Timorese asylum seeker?

Yes / No  
Yes / No  
Yes / No

### SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Knox Learning Alliance (KLA) will let me know about any planned excursions.

#### I DO / DO NOT

allow photographs/videos of me to be taken as part of my classes at the **KLA** organisation to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

Personal Information provided to the individual **KLA** member organisations will not be given to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

I understand that **KLA** member organisations are individually required to provide the Victorian Government, through the Department of Education and Training, 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:

<http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a department endorsed project, or audit, or review.

The Education and Training Reform Act 2006 requires the KLA member organisations to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact your local **KLA** member organisations.

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

I hereby declare that the information provided in this application for enrolment form is completed and accurate.

Signature: ..... Date: .....

#### Applicant under 18 years

Parent / Guardian Name: .....

Parent / Guardian signature: ..... Date: .....

**Courses fill quickly; please return this application form as soon as possible to avoid disappointment.**

**Please ensure you have attached proof of your Australian citizenship or Residential Status.**

**For refund information, you are referred to your KLA organisation's website.**

Office use only (Vettrak entries)			
Date Details Recorded	Student Number	Occurrence Code	Staff operator initials
Local Code:	Start Date:	End Date:	