

Meadow Heights Learning Shop Inc. RTO: 3940

3 - 13 Hudson Circuit Phone: 9301 9200
 Meadow Heights 3048 Fax: 9301 9299
 Enrol on our website at: www.mhls.com.au
 E-Mail admin@mhls.com.au

Course Enrolment	STUDENT No
Term	Waiting List

2010 Enrolment Details

Please Print your Name Clearly in Space Provided as this will appear on your certificate

Family Name _____ First Name _____

 Mr
 Mrs
 Ms (Please Circle)

Date of Birth _____ / ____ / ____
 Male
Female

Home Address: _____

Post Code: _____

Home Phone _____ Mobile _____ Work _____

Email _____ Emergency No _____

Emergency Contact name _____ Relationship _____

Have you been referred by a Job Network? Yes / No
 Name of Network Member: _____

Are you a Permanent resident of Australia?
 Yes
No

Do you require Childcare?
 Yes
No
 If yes what are the Child//Children's Ages _____

1. Are you Aboriginal?
 3. Are you Aboriginal & Torres Strait Islander?
 2. Torres Strait Islander?
 4. No I am neither

(1101) In which country were you born? _____

(1201) Do you speak another language other than English at home?
 Yes
No

If yes what Language? _____

How well do you Speak English?
 (01) Very Well
 (02) Well
 (03) Not Well
 (04) Not at All

Do you hold a current concession card
 YES
NO

Details of Concession Card
 Concession No _____
Type/Code _____
Expiry Date: _____

How did you hear about us and our courses?

- Newspaper
 Worker
 School
 Past Student
 Referral
 Brochure
 Radio
 RSL
 Website

Do you give permission for us to take your photograph?

I give permission for my photograph to be displayed or published for promotional purposes.
 Subject to Privacy legislation
 YES
NO

Tick one box that 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) Unemployed - Not seeking employment

(Please tick the box that applies to you)

Do you consider yourself to have a disability, impairment or long-term condition?

- (11) Hearing/Deaf
- (12) Physical
- (13) Intellectual
- (14) Learning
- (15) Mental Illness
- (16) Acquired Brain Impairment
- (17) Visual Sight/Seeing
- (18) Medical Condition
- (19) Other

(Please tick the box that applies to you)

Have you successfully completed any of the following Australian qualifications?

- (008) Bachelor Degree or Higher Degree
- (420) Associate Degree
- (410) Diploma
- (511) Certificate IV
- (514) Certificate III
- (521) Certificate II
- (524) Certificate I
- (990) Miscellaneous Education

Student Declaration:

I authorise MHLS to release information regarding my enrolment to any government department and to other parties when it is legally obliged to do so. I agree to comply with the Constitution, Policies and Procedures of MHLS.

Date: / /

Student Signature _____

Time of skills/ other assessment: : am / pm

Assessor: _____

Tick one box that best describes why you would like to enrol in this course ?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For Personal interest
- For self development
- other reasons

Yes No

Comments

What is your highest Completed School Level in Australia?

- Year 0-9
- 10
- 11
- 12

Are you still attending Secondary College?

Yes
No

What year did you finish school?