

ENROLMENT FORM

Hawkesbury Community College
 PO Box 272 Richmond
 Phone: (02) 4588 5466 • Fax: (02) 4588 5454

PAYMENT MUST BE MADE AT THE TIME OF ENROLMENT. PLEASE MAKE CHEQUES & MONEY ORDERS PAYABLE TO HAWKESBURY COMMUNITY COLLEGE

IMPORTANT: PLEASE READ ESSENTIAL INFORMATION AND ENROLMENT INFORMATION BEFORE ENROLLING ESPECIALLY REGARDING OUR REFUND POLICY

Course Code: _____ \$ _____
 Course Name: _____
 Course Code: _____ \$ _____
 Course Name: _____
 Do you wish to become a College Member?
 If yes, add \$5.50 (incl GST) \$ _____
TOTAL: \$ _____

REFUND POLICY

Refunds are only given if a course is altered or cancelled by the College. The College does not accept responsibility for changes in student's personal circumstances & reserves the right to alter/cancel any of the arrangements in the brochure.

I have read & agreed to the Colleges Refund Policy

Signed: _____

Have you enrolled with the College before? Yes No
 If yes, has your address changed? Yes No
 Do you have a disability? Yes No
 If Yes, Do you need any special assistance? Yes No

First Name: _____

Surname/Family Name: _____

Address: _____

Suburb: _____ P/code: _____

Email: _____

Male Female

Phone (h): _____

Phone (w): _____

Fax: _____ Mobile: _____

Where did you get your brochure/form?

Shop College Post Office News Agency Library
 Internet Mailed Local Paper
 Other (Business' name) _____

Would you be prepared to receive information about a course that may be run at your local school? Yes No

Name of school: _____

What other courses would you be interested in?

The Federal Government requires all Colleges to collect the following statistics to help with their educational planning and to comply with NSW VETAB regulations for accredited training. Please refer to the Essential Information Protecting Your Privacy. We appreciate your taking the time to answer these questions.

Are you of Aboriginal or Torres Strait Islander origin? Yes No

What Country were you born in? _____

Date of birth: _____

Do you speak a language other than English at home? Yes No

If yes which language? _____

If yes, please specify how well you speak English:

Very Well Well Not Well Not at all

Do you consider you have any disabilities?

If yes what type? _____

Which of the following would best describe your current employment? Please tick.

Full time employee
 Part time employee
 Self employed - not employing others
 Employer
 Employed - unpaid worker in family business or carer
 Unemployed - Seeking full time paid work
 Unemployed - Seeking part time paid work
 Not employed (not seeking paid work, retired, volunteer ,student)

Since leaving school have you attempted or gained any formal qualifications? Yes No If yes please tick:

Bachelor Degree or higher
 Advanced Diploma or Associate Degree
 Diploma Certificate 4 Certificate 3
 Certificate 2 Certificate 1 Miscellaneous

What is your highest completed school level? Please tick.

Year 12 Year 11 Year 10 Year 9 or lower

In which year did you complete school? _____

Of the following categories, which BEST describes your main reason for undertaking this course? Please tick one box only

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 or self-development
 Other reasons

Payment Details: Cash Cheque Money Order Mastercard Visa

Card No: | | | Expires: _____

Cardholder Name: _____ Signature: _____