

Home and Community Care

Span is funded to provide support under the Home and Community Care Program (HACC). This funding is to support special needs groups including: socially isolated; financially disadvantaged community members; people with a disability; mental illness; dementia; carers.

Would you like to know if you qualify for HACC funding support? Yes No

How did you find out about Span?

- | | | |
|--|---|--|
| <input type="checkbox"/> Been here before | <input type="checkbox"/> "What's on" in the Leader | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Span website | <input type="checkbox"/> Walking past | <input type="checkbox"/> Flyers |
| <input type="checkbox"/> Span Facebook | <input type="checkbox"/> Internet | <input type="checkbox"/> Council publication |
| <input type="checkbox"/> Email newsletter | <input type="checkbox"/> Brochure in my mail box | <input type="checkbox"/> Can't remember |
| <input type="checkbox"/> Email from other organisation | <input type="checkbox"/> Referral by a support worker | <input type="checkbox"/> Other: _____ |

Privacy Statement

I understand that Span Community House Inc. is 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 that are available at www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx

Fee for Service (FFS) statistical data may be used to improve the services at Span.

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 complete and accurate.
- I have read and accept the conditions of enrolment at Span as provided in this form.

Photo consent

I give consent for photographs/recordings to be taken as part of my involvement with programs of Span. I also give permission for a first name to be used with these photos. Types of publicity may include social media, display boards, power point presentations, newsletters, articles or annual reports.

Yes No

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

Student Name: _____ **Date:** _____

For more information in relation to how student information may be used, stored or disclosed please contact the Manager of Span on 9480 1364 or manager@spanhouse.org

For ACFE students only

Language and Cultural Diversity

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

In which country were you born? Australia Other please specify: _____

Do you speak a language other than English at home? No Yes, please specify: _____

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

Citizenship Status

Australian citizen or permanent resident? Yes No

Overseas resident? Yes. Visa type: _____ Visa expiry date: _____

Education

Are you attending secondary school? Yes No In what year did you finish school: _____

What is the highest school level completed?

Year 8 or less Year 9 Year 10 Year 11 Year 12 Did not attend school

Other please specify: _____

If you are aged 25 or under please provide us with your Victorian Student Number (VSN): _____

Have you completed any of the following qualifications?

- | | |
|--|--|
| <input type="checkbox"/> Bachelor/Higher degree | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Diploma/Associate Diploma | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Advanced Diploma/Associate Degree | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Other: _____ i.e. overseas qualification | <input type="checkbox"/> Certificate IV |

Study Reason

Which best describes the reason you are undertaking this course? You may tick more than one.

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

Employment Status

- | | |
|--|---|
| <input type="checkbox"/> Employed, full-time | <input type="checkbox"/> Unemployed, seeking full-time work |
| <input type="checkbox"/> Employed, part-time | <input type="checkbox"/> Unemployed, seeking part-time work |
| <input type="checkbox"/> Employed, unpaid worker / family business | <input type="checkbox"/> Unemployed, not seeking work |
| <input type="checkbox"/> Self-employed, not employing others | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Other: _____ |

Industry of Employment

- | | |
|--|---|
| <input type="checkbox"/> A , Agriculture, Forestry and Fishing | <input type="checkbox"/> K , Financial and Insurance Services |
| <input type="checkbox"/> B , Mining | <input type="checkbox"/> L , Rental, hiring and Real Estate Services |
| <input type="checkbox"/> C , Manufacturing | <input type="checkbox"/> M , Professional, Scientific and Technical Services |
| <input type="checkbox"/> D , Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N , Administrative and Support Services |
| <input type="checkbox"/> E , Construction | <input type="checkbox"/> O , Public Administration and Safety |
| <input type="checkbox"/> F , Wholesale Trade | <input type="checkbox"/> P , Education and Training |
| <input type="checkbox"/> G , Retail Trade | <input type="checkbox"/> Q , Health Care and Social Assistance |
| <input type="checkbox"/> H , Accommodation and Food Services | <input type="checkbox"/> R , Arts and Recreation Services |
| <input type="checkbox"/> I , Transport, Postal and Warehousing | <input type="checkbox"/> S , Other Services |
| <input type="checkbox"/> J , Information Media and Telecommunications | Please Specify: _____ |

Job Network Provider

Are you registered with a Job Network provider? Will they be meeting the course costs?

If yes please provide provider name and contact details below.

Provider Name: _____

Provider Contact Details: _____