



Span Enrolment Form

Span Community House Inc.
64 Clyde St Thornbury VIC. 3071
(03) 9480 1364
www.spanhouse.org
ABN: 52 526 420 312
Reg. No: A0051048Y

Have you enrolled in a course at Span previously? Yes No

Course name:

Surname: _____ First name: _____

Date of birth: _____ Female Male Not specified

Landline: _____ Mobile: _____

Email address: _____

Address: _____

Suburb: _____ Postcode: _____

Preferred contact method: Landline Mobile Email

Do you wish to receive emails regarding Span's newsletter and brochure, etc. Yes No

Emergency contact: _____ Contact number: _____

Medical

Do you have a medical condition or disability that may impact on your participation at Span? Yes No

Acquired brain impairment	<input type="checkbox"/>	Medical condition	<input type="checkbox"/>	Physical	<input type="checkbox"/>
Hearing/deaf	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other	<input type="checkbox"/>

Food allergies/restrictions, please specify: _____

Concession Entitlement

If you are seeking a concession rate, Span must sight your current concession card. If you are posting or emailing your form, a current copy of your concession card must be attached to this form prior to course start date. Otherwise full fees will apply.

OFFICE USE ONLY	
Concession type: _____	Expiry date: _____ Staff initials: _____
ACFE HACC FFS	Term: 1 2 3 4
Date form received: _____	Payment type: Cash Cheque Eftpos D/C
Receipt number: _____	Date issued: _____
Amount: _____	Fee type: Full Concession Early bird Other
Vettrak entry date _____	Initials _____

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?

Been here before	<input type="checkbox"/>	Local newspaper	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Span website	<input type="checkbox"/>	Walking past	<input type="checkbox"/>	Other	<input type="checkbox"/>
Span Facebook	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Brochure in my mail box	<input type="checkbox"/>
Span newsletter	<input type="checkbox"/>	Flyers	<input type="checkbox"/>	Brochure emailed to you	<input type="checkbox"/>
From another agency/ organisation (which)	<input type="checkbox"/>	Referral by support worker (who)	<input type="checkbox"/>	Brochure from elsewhere (where)	<input type="checkbox"/>

Privacy Statement

I understand Span Community House Inc. is required to provide the Victorian Government, through the Department of Education and Training, with ACFE student and training activity data which may include information that I have provided in this enrolment form.

The information is 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

Unidentified statistical data may be used to improve the services at Span.

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

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 my 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 have read and accept the conditions of enrolment at Span as provided in this form.

Student signature: _____ **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 Visa type _____ Visa expiry date _____

Education

Are you attending secondary school? Yes No In what year did you complete 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?

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		Certificate IV	<input type="checkbox"/>

Study Reason

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

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	<input type="checkbox"/>

Employment Status

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

Industry of Employment

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	<input type="checkbox"/>		

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 _____
