

Enrolment Form



Personal details

Given name/s _____ Family name _____

Residential address (*CANNOT be a PO box*) _____

Suburb _____ Postcode _____

Postal address (*if different to above*) _____

Suburb _____ Postcode _____

Mobile _____ Home / work phone _____

We many need to contact you about your enrolment. Please provide the best numbers to contact you during business hours.

Email address _____

Centrelink card number _____ Expiry date ____/____/____

*You **MUST** provide proof of current Centrelink concession to be eligible for concession rate. Please attach a photocopy or scan.*

How did you find out about this course? _____

Cost

Sign Language 1 (SL1) \$220 per person (\$160 for Centrelink concession cardholders – full price applies to NDIS participants)

Sign Language 2 (SL2) \$220 per person (\$160 for Centrelink concession cardholders – full price applies to NDIS participants)

Sign Online (SOL) \$165 per person (no concession rate available)

*You **MUST** provide proof of current Centrelink concession to be eligible for concession rate. Please attach a photocopy or scan.*

Course I want to enrol in

Course type (*please tick*) Sign Language 1 (SL1) Sign Language 2 (SL2) Sign Online (SOL)

Course location _____ Course day _____

Payment information

Payment method (*please tick box below and provide the required information*)

MONEY ORDER / CHEQUE ⇒ *Please make payable to 'The Deaf Society' and attach to this form*

CREDIT CARD ⇒ *Please tick* Visa Mastercard (*We can only accept Visa or Mastercard.*)

Card number: _____ Exp: ____/____

Cardholder's name: _____ Signature: _____

DIRECT DEPOSIT ⇒ *Please include your **NAME** and **COURSE CODE** (i.e. SL1, SL2 or SOL) in the reference field*

BSB 062 255 Account number 00800332

CASH ⇒ *Cash payments can be made in person at the Parramatta office, or other offices by arrangement*

ANOTHER PARTY (e.g. employer or NDIS) WILL PAY FOR MY ENROLMENT ⇒ *Please provide invoicing info*

Organisation (*if applicable*) _____

NDIS number (*if applicable*) _____ NDIS name (*if applicable*) _____

Invoice contact person _____ Invoice contact phone _____

Email address to invoice _____

Statistical details

The Federal Government requires all colleges to collect the following statistics to help with their educational planning. Information provided will be treated in the strictest confidence.

Personal Details

1 Enter your birth date
__ __ (Day) __ __ (Month) __ __ __ __ (Year)

2 SEX - tick ONE box only
 Female Male

Language and Cultural Diversity

3 Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "YES" boxes)
 No Yes, Aboriginal Yes, Torres Strait Islander

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

5 Do you use a language other than English at home?
(If more than one language, indicate the one that is used most often)
 No, English only (go to Question 7)
 Yes, Auslan (go to Question 7)
 Yes, other - please specify:

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

Disability

7 Do you consider yourself to have a disability, impairment or long-term condition?
 Yes No (go to Question 8)

If YES, then please indicate the areas of disability, impairment or long-term condition. *(You may indicate more than one area)*

hearing / deaf learning
 physical mental illness
 intellectual acquired brain impairment
 vision medical condition
 other (please specify): _____

Schooling

8 What is your highest completed school level? *(Tick ONE box only)*
 Year 12 Year 11
 Year 10 Year 9
 Year 8 or lower Never attended school

9 In which year did you complete your highest school level? _ _ _ _ _

10 Are you still attending secondary school? Yes No

Previous Qualifications Achieved

11 Have you successfully completed any of the following qualifications?
 Yes (you may indicate more than one) No (go to Question 10)
 Bachelor Degree or Higher Degree
 Advanced Diploma or Associate Degree
 Diploma (or Associate Diploma)
 Certificate IV (or Advanced Certificate / Technician)
 Certificate III or Trade Certificate
 Certificate II
 Certificate I
 Certificates other than above

Employment

12 Of the following categories, which best describes your current employment status? *(Tick ONE box only)*
 full-time employee
 employed - unpaid worker in a family business
 part-time employee
 unemployed - seeking full-time work
 self employed - not employing others
 unemployed - seeking part-time work
 employer
 not employed - not seeking employment

Study Reason

13 Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? *(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

Enrolment Conditions

By signing the enrolment form, I accept the Term and Conditions of Enrolment as outlined on the Deaf Society website:
www.deafsocietynsw.org.au/courses/page/enrolment

Signature: _____

Date: ___ / ___ / _____