Enrolment Form

Student Number (Office Use Only)
SGSCC Offers recognition of Prior Learning for all VETAB Courses

ENROLMENT CHECKLIST

1 Carefully read **'General information for Students'** on **Page 47** before you complete and send this Form

2 Enrol in any of the following **5** ways:
Online – Visit **www.sgscc.edu.au**
By Mail – To **PO BOX 404, Jannali NSW 2226**
By Phone – Call **9528 3344**
By Fax – Fax to **9589 0517**
In Person – Enrol for any course at the centres and times listed on **Page 3**

3 If you have any questions, call us between 9am and 5pm, Monday to Friday on **9528 3344** OR email your query to **enquiries@sgscc.edu.au**

PLEASE PROVIDE ALL THE INFORMATION REQUIRED ON THIS FORM AND BE SURE THAT YOU SIGN IT WHERE INDICATED BELOW

COURSE DETAILS

Course Name	Course Code	Fee

Do you wish to become an SGSCC Member? If so, add $5.00 to the Enrolment Fee — SGSCC Membership $5.00

Total Fee Payable

STUDENT INFORMATION

First Name ..... **Surname** .....

Address ..... **Suburb** ..... **Postcode** .....

Phone (Home) ..... (Work) ..... (Mobile) .....

Email ..... **Male** ☐ **Female** ☐ **Date of Birth** **D** ..... **M** ..... **Y** .....

CONCESSION INFORMATION / Please tick the appropriate box and attach Documentation (See Page 47)

Full Pension ☐ **Full Veterans Affairs Service Pension** ☐ **Seniors Card** ☐ **Documents Attached** ☐ **Documents Sighted** ☐

Do you consider that you have any disabilities? **Yes** ☐ **No** ☐ **Do you have any special needs?** **Yes** ☐ **No** ☐

Your information may be required by the ACE Board or the Department of Education for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. Samples of Privacy Statements and information on legal requirements can be found on the board's NetFirst site www.bace.gov.au/netfirst. Thank you for taking the time to answer these brief questions.

QUESTIONNAIRE

In which country were you born?
.....

What language do you normally speak at home?
.....

What is your residency status? (Funded courses only)
.....

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

What is your highest COMPLETED school level?
Yr 12 ☐ Yr 11 ☐ Yr 10 ☐ Yr 9/lower ☐

In which year did you complete that level? .....

Your main reason for undertaking this course is to: (get a job, learn a new skill etc)
.....

Who are you employed by? .....

Is this course related to your work? Yes ☐ No ☐

Which of the following would best describe your current employment status?

- Full Time Employee ☐
- Part Time Employee ☐
- Self Employed ☐
- Employer ☐
- Unemployed – Unpaid worker in a family business ☐
- Seeking full time employment ☐
- Seeking part time employment ☐
- Not employed – not seeking employment ☐

Where did you see our ad/brochure or hear about us?
.....
.....

Have you SUCCESSFULLY completed any of the following qualifications?

- Bachelor or Higher Degree ☐
- Advanced Diploma or Associated Degree ☐
- Diploma (or Associate Diploma) ☐
- Certificate IV (or Adv. Certificate/Technician ☐
- Certificate III (or Trade Certificate) ☐
- Certificate II ☐
- Certificate I ☐
- Miscellaneous Education ☐

Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐ No ☐

Please Specify
.....
.....

I have been advised to access and read the Terms and Conditions/Information on the SGSCC web page and for accredited courses read the information under 'Special Courses/Qualifications' and page 47 in the brochure or have the information explained to me. I agree with the terms and conditions.

Signature ..... **Date** .....

PAYMENT DETAILS / Please make Cheques and Money Orders Payable to SGSCC

I attach **Cheque/Money Order** for $ ..... OR, please debit my **Credit Card**

PLEASE NOTE: CASH IS NOT ACCEPTED

Mastercard ☐ Visa ☐ **Card Number** ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ OR

American Express ☐ **Card Number** ☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐ **Security Code** ☐☐☐☐

Cardholder's Name ..... **Signature** ..... **Expiry Date** .....

Please Print Clearly