

Please complete all sections, for assistance with registration please contact Eastwork 03 9583 7888

1. ENROLMENT

Course code (office use only): _____ Student Number: _____

Course name: _____

Course Date: _____ Venue: _____

Do you wish to apply for a reduction of course fees and charges? This is offered to students facing financial hardship.

 Yes No If yes, please contact Eastwork to arrange an interview.**2. STUDENT DETAILS**Title: Mr Mrs Ms Miss Other Gender: Female Male

Surname: _____ Given name(s): _____

Previous surname: _____

Date of birth: ____ / ____ / ____ Email: _____

Home phone: _____ Mobile: _____

3. ADDRESS DETAILS

Postal Address: _____

Post code: _____

4. EMERGENCY/NEXT OF KIN DETAILS

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Address: _____

Postcode: _____

5. EMPLOYER DETAILS (IF NOT WORKING PROCEED TO Q6.)

Employer/Business name: _____ Position: _____

Business address: _____

Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

6. HERITAGE DETAILS# Citizen ships Status: Australian Citizen Permanent Resident Other _____# Indigenous Status: Aboriginal Torres Strait Islander Neither _____

Country of birth: _____ Visa type & Number: _____

7. SCHOOL DETAILSAre you attending secondary school? No Yes Current Year level: _____Indicate your highest level of schooling Year 8 Year 9 Year 10 Year 11 Year 12 Did not attend secondary school Year completed: _____ Where: _____**8. TO HELP US ASSIST YOU IN THE CLASSROOM**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 allDo you have a disability, impairment or long term medical condition? No Yes, please specify: Acquired Brain Injury Hearing Impairment Intellectual Disability Medical Condition Physical Disability Mental Illness Vision Impairment Learning Disability Other, please provide further details: _____

What best describes your current employment status:

- Full time employed Self employed (no staff) Employed – unpaid family business
 Part time/casual employed Employer Unemployed – not seeking work
 Unemployed seeking part time/casual work Unemployed seeking full time work

Centrelink details: JSID: _____

CRN: _____

(Complete if known) DSP No: _____

PSP No: _____

Referring agency: _____

Contact/Case Manager: _____

Phone: _____

9. FURTHER EDUCATION AND QUALIFICATION DETAILS

Have you completed any of the following qualifications? No

Yes, please indicate below

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Certificate I | | <input type="checkbox"/> Trade certificate | | <input type="checkbox"/> Bachelor/Higher Degree |
| <input type="checkbox"/> Certificate II | | <input type="checkbox"/> Certificate IV/Advanced Cert | | <input type="checkbox"/> Advanced Diploma/Associate Degree |
| <input type="checkbox"/> Certificate III | | <input type="checkbox"/> Diploma/Associate Diploma | | <input type="checkbox"/> Other, please specify |

Year Completed	Qualification Name

10. DESCRIBE YOUR MAIN REASON FOR STUDYING

- To get a job It was a requirement of my job To start my own business
 To get into another course of study To develop my existing business To try for a different career
 I wanted extra skills for my job For personal interest/self development
 To get a better job or promotion Other, please specify _____

11. PRIVACY

Eastwork acknowledges and respects the privacy of individuals. We only collect personal information that is essential for us to provide a training service to our students and statistical information that is required under funding arrangements. You can request access to your information as collected by Eastwork at any time. The statistical information collected may be shared with Government bodies as required under funding arrangements.

12. ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

This is to confirm that I, (insert name) _____

1. Declare that the information contained in this application is true.
2. Have received a copy of the Student Handbook and Course Brochure
3. Have read the terms and conditions of my training as stated within these documents and I agree to abide by these terms and conditions



QEC12678

Student Signature: _____

Date: _____

Witness Signature: _____

Witness name: _____

13. HOW TO ENROL

Return completed form to Eastwork Employment Inc – Training ABN: 39 145 056 549

Address: Suite 13, 4 – 10 Jamieson Street, Cheltenham VIC 3192

Fax: 03 9583 7444

Ph: 03 9583 7888

Web: www.eastwork.com.au

Email: courses@eastwork.com.au

14. OFFICE USE ONLY

- Student enrolment entered into VETtrak: Date: _____ By: _____
 Student file commenced/recorded in course Date: _____ By: _____
 Fee \$ _____ Invoice: _____ Payment date: _____ By: _____
 Funded _____ FFS Eastwork referral FFS _____ Other _____
 #Eligibility evidence sighted: Date: _____ By: _____ (# Indicates Evidence to be sighted)