

# APPLICATION FOR ENROLMENT - All details must be completed

For accredited courses please provide 100 points of identification including some form of photographic identification (driver's licence/passport/Aus VISA details etc.) with your full legal name on it. This is a requirement for issuing of Certificates and Statements of Attainment.

Mr / Mrs / Ms / Miss First ..... Middle ..... Surname .....

Unique Student Identifier (USI) Number ..... (To obtain USI log on to usi.gov.au)

Residential Address: .....

Postcode: .....

Postal Address:  As above or .....

Postcode: .....

Phone: Mobile ..... Home .....

Home ..... Email .....

Date of Birth: .....  Male  Female  Other

Emergency Contact: ..... Phone: .....

Course Name: ..... Date: .....

*Please Note: Enrolments are subject to course availability*

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE

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

Are you:  Aboriginal  Torres Strait Islander  Neither

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

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

Are you visiting Australia on a Student Visa?  Yes  No

Are you visiting Australia on an Australian Visa?  Yes If yes VISA type .....

What is your highest completed school level?

Yr 9 or lower  Yr 10  Yr 11  Yr 12 (or equivalent)

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

Are you still attending secondary school?  Yes  No

Have you successfully completed any of the following qualifications?

Bach Degree or higher  Adv Deg/Ass Deg  Current RSA/RCG Competency Card

Dip / Ass Dip  Cert IV / Adv  Cert III / Trade Cert

Cert II  Cert I  White Card  Other

Which of the following BEST describes your current employment status?

Full time  Part time / Casual  Employer  Self employed

Unemployed - Seeking full time  Unemployed - Seeking part time

Not employed - Not seeking employment / Retired

Do you consider yourself to have a disability or impairment?  Yes  No *If yes, please indicate*

Hearing  Physical  Intellectual  Learning

Mental Illness  Visual  Acquired Brain Injury  Other

Which of the following BEST describes your main reason for taking this course?

Personal interest or self-development  To start my own business  To get a job

It was a requirement of my job  To train for a different career  Other reasons

I give permission for my photo to be taken and name used in promotional material for WRCC.  Yes  No

I have read and understood refund policy and student privacy statement.  Yes  No

Student Signature ..... Date .....

## ENROLMENT IS EASY

Please choose your course, read the enrolment conditions, complete the Enrolment Form and return it to the college along with your course fee.

Payments for courses may be made:

**In person** at the College office

Griffith - 23 Hickey Crescent

9.00am - 4.30pm Monday-Friday.

Leeton - 3 Wade Avenue

8.30am - 4.00pm Monday-Friday.

Cash, cheque, or credit cards accepted.

**Online** at wrcc.nsw.edu.au

### Credit Card Payments

Phone 02 6964 5334 to make a payment,

or fill in the details below and return to us.

Your receipt will be posted to you.

Cardholder Name: .....

Card No: .....

Amount: .....

Expiry Date: .....

Cardholder's Signature: .....

**Refund Policy:** If WRCC cancels a course, fees will be fully refunded within fourteen (14) days of course cancellation. **Course fees will be refunded if advice of withdrawal is received within seven (7) days before commencement of course.** A \$25.00 registration charge will apply. WRCC cannot accept responsibility for changes in participant's personal circumstances. There will be no refund for withdrawal less than seven (7) days before commencement of course, as funds are committed. WRCC is not responsible for any outlays made by participants for books or materials for courses.

**Student privacy:** Information concerning students, including information submitted on this enrolment form will be used by WRCC or other authorised organisations for the purposes of general student administration and commitment with state and national reporting, monitoring and evaluation. The information may be disclosed to the National Centre for Vocational Education & Research (NCVER) and/or an agency authorised to undertake surveys. The provision of this information is necessary for both enrolment and re-enrolment. Information provided by you will be held securely and disposed of securely when no longer needed. You may have access to your personal information by contacting WRCC.

### OFFICE USE ONLY:

ISH  USI verification

ISH INV .....

Learning assistance required/referred to: .....

OLGR:  RSA  RCG

SFA:  Full  Book taken  Collected

SFA:  Reacc  Copy of certificate

Processed by .....

Date .....

Western Riverina Community College Inc (WRCC) (RT01252)

Griffith Campus - 23 Hickey Crescent Griffith NSW 2680 | T 02 6964 5334 | F 02 6962 4404

Leeton Campus - 3 Wade Avenue Leeton NSW 2705 | T 02 6953 3777

E enrolments@wrcc.nsw.edu.au | wrcc.nsw.edu.au



**WESTERN RIVERINA  
COMMUNITY COLLEGE**