

ENROLMENT FORM - All details must be completed

For accredited courses please provide 100 points of identification including some form of photographic identification (driver's licence/passport 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 www.usi.gov.au)

Postal Address: _____
_____ Post Code _____

Phone: (Mob) _____
(Home) _____ (Work) _____

Email: _____

Date of Birth: _____ Female Male

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

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.
 Dip. / Ass. Dip. Cert IV / Adv Cert III / Trade Cert.
 Cert II Cert I Other

Which of the following BEST describes your current employment status?

Full time Part time Employer Self employed
 Seeking full time 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

How did you hear about our College?

Brochure TV Friend Other

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

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 (corner Hickey Cres & Probert Ave, East Griffith) 9.00am—4.30pm Monday-Friday. Cash, cheque, or credit cards accepted.

Online at www.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 ISH verification

ISH INV _____ MYOB INV _____

Learning assistance required/referred to: _____

OLGR: RSA RCG

SFA: Full Book taken

