

# Yarraville Community Centre Inc.

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ABN: 69827568560



## ACFE PRE ACCREDITED ENROLMENT FORM 2018

Vettrak No.

A) Course Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Location: \_\_\_\_\_  
B) Course Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Fee information: Short Course fees - please see YCC website or course brochure for individual course fees.  
For Information on Cancellations/ Refunds Policy go to [www.ycc.net.au](http://www.ycc.net.au) or phone the centre.**

**1. Student – Please complete the section below in PRINT\***

**Name: Family name (Surname):** \_\_\_\_\_ **First name (Given):** \_\_\_\_\_

**Date of birth:** / / **Gender:**  Male  Female  Intersex

**Address:** \_\_\_\_\_ **Post code:** \_\_\_\_\_

**Telephone:** Mobile \_\_\_\_\_ Home \_\_\_\_\_ **Is this your postal address?**  No  Yes

**Emergency contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

**For students previously enrolled in any class this year, or if enrolled in a one off class (ie. workshop) go to section 13 & continue to end. All other enrolments must complete all sections**

<p><b>2. Are you an Australian citizen?</b>  <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →  <b>If NO, are you:</b>  <input type="checkbox"/> a holder of a Permanent Resident Visa  <input type="checkbox"/> a holder of a Special Category Visa (sub-class 444)  <input type="checkbox"/> an East Timorese asylum seeker  <input type="checkbox"/> Temporary Protection Visa</p> <p><b>3. Do you hold one of the following concession cards, or are you a dependent of the cardholder?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes ↓</p> <p> <input type="checkbox"/> J Job Seeker/with concession card  <input type="checkbox"/> M Prisoner <input type="checkbox"/> K Job Seeker/no concession card  <input type="checkbox"/> H Health Care Card <input type="checkbox"/> Z None  <input type="checkbox"/> O Other <input type="checkbox"/> V Veteran Gold Card  <input type="checkbox"/> P Pensioner Card <input type="checkbox"/> G VCE Scholarship                 </p> <p><b>Concession Card copied and attached or emailed to info@ycc.net.au</b> <input type="checkbox"/></p>	<p><b>Office Use Only</b></p> <p>Evidence of Student Eligibility for the Victorian Training Guarantee</p> <p> <input type="checkbox"/> Green Medicare Card  <input type="checkbox"/> Australian Birth Certificate  <input type="checkbox"/> Current Australian or New Zealand Passport  <input type="checkbox"/> Temporary Protection Visa  <input type="checkbox"/> Naturalisation Certificate  <input type="checkbox"/> Signed declaration by a relevant referee  <input type="checkbox"/> Formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence                 </p> <p><b>Evidence copied and attached</b> <input type="checkbox"/></p>
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**4. Are you currently attending secondary school?**  
 No ↓  Yes  
 If NO – What is the highest school level you completed?  
 Year 8 or below  Year 9  Year 10  Year 11  Year 12 / VCE  
 In what year did you complete the level selected above? \_\_\_\_\_

**5. If born after 1986, do you have a Victorian Student Number?**  No  Yes VSN number \_\_\_\_\_  
 If No - is this because you are new to the Vic Education and have never attended training in Victoria?  No  Yes

**6. Do you speak a language other than English at home?**  No (English only)  Yes - Please state \_\_\_\_\_

<p><b>7a. Country of birth</b> Australia / Other – What country? _____</p> <p><b>7b. Town/City of Birth</b> _____</p>	<p><b>8. How well do you speak English?</b>  <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all</p>
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**9. Are you of Aboriginal or Torres Strait Islander origin?**  No  Aboriginal  Torres Strait Islander

**10. Of the following categories, which best describes your current employment status?**

Full time employee  Part time employee  Self employed, not employing others  
 Employer  Employed, unpaid family worker  Unemployed, seeking full time work  
 Unemployed, seeking part time work  Not employed, not seeking employment

**11. Which of the following BEST describes your current or recent occupation? (TICK ONE box only)**

If never employed go to the next question.

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Managers                                | <input type="checkbox"/> 6. Sales Workers                   |
| <input type="checkbox"/> 2. Professionals                           | <input type="checkbox"/> 7. Machinery Operators and Drivers |
| <input type="checkbox"/> 3. Technicians and Trade Workers           | <input type="checkbox"/> 8. Labourers                       |
| <input type="checkbox"/> 4. Community and Personal Services Workers | <input type="checkbox"/> 9. Other                           |
| <input type="checkbox"/> 5. Clerical and Administrative Workers     |   |

**12. Which of the following classifications BEST describes the Industry of your current or previous Employer?**

If never employed go to the next question.

- |  |   |
|--|---|
| <input type="checkbox"/> A. Agriculture, Forestry and Fishing          | <input type="checkbox"/> K. Financial and Insurance Services                |
| <input type="checkbox"/> B. Mining                                     | <input type="checkbox"/> L. Rental, Hiring and real Estate Services         |
| <input type="checkbox"/> C. Manufacturing                              | <input type="checkbox"/> M. Professional, Scientific and Technical Services |
| <input type="checkbox"/> D. Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N. Administrative and Support Services             |
| <input type="checkbox"/> E. Construction                               | <input type="checkbox"/> O. Public Administration and Safety                |
| <input type="checkbox"/> F. Wholesale Trade                            | <input type="checkbox"/> P. Education and Training                          |
| <input type="checkbox"/> G. Retail trade                               | <input type="checkbox"/> Q. Health Care and Social Assistance               |
| <input type="checkbox"/> H. Accommodation and Food Services            | <input type="checkbox"/> R. Arts and Recreation Services                    |
| <input type="checkbox"/> I. Transport, Postal and Warehousing          | <input type="checkbox"/> S. Other Services                                  |
| <input type="checkbox"/> J. Information Media and telecommunications   |   |

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

If YES - Please indicate the areas of disability, impairment or long-term condition

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hearing/Deaf              | <input type="checkbox"/> Physical        | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning                  | <input type="checkbox"/> Mental Illness  |                                       |
| <input type="checkbox"/> Acquired brain impairment |  |                                       |
| <input type="checkbox"/> Medical condition         | <input type="checkbox"/> Chronic illness |                                       |
| <input type="checkbox"/> Other – please state      |  |                                       |

**14. Do you have any other medical needs or conditions of which we should be aware:  No  Yes**

If YES – Please state

**15. Since school, have you completed any qualifications?** No  Yes ↓

If YES - please tick the appropriate box

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Certificate I               | <input type="checkbox"/> Certificate II            | <input type="checkbox"/> Certificate III or Trade Certificate | <input type="checkbox"/> Certificate IV or Technician |
| <input type="checkbox"/> Diploma or Advanced Diploma | <input type="checkbox"/> Bachelor Degree or higher | <input type="checkbox"/> Miscellaneous Education              |   |

**16. What is your main reason for studying?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To get a job                                      | <input type="checkbox"/> To start/develop my own business    | <input type="checkbox"/> To get a promotion, improve my career |
| <input type="checkbox"/> To start a different career                       | <input type="checkbox"/> Extra skills/requirement of the job | <input type="checkbox"/> For interest or personal development  |
| <input type="checkbox"/> To get into another course of study eg. TAFE, Uni |  | <input type="checkbox"/> Other - Please state                  |

**17. I authorize YCC to take and use photos and video of me for publicity and promotion  Yes  No**

If you ticked "no" box, it is your responsibility to inform others that you do not want yourself filmed or photographed

**Privacy Statement**

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

**Collection of your data**

Yarraville Community Centre is required to provide the Department with student and training activity data. This includes personal information collected in the Yarraville Community Centre enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). Yarraville Community Centre provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/ro/Pages/datacollection.aspx>.

**Use of your data**

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. A student's USI may be used for specific VET purposes including the verification of student data provided by Yarraville Community Centre; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

**Disclosure of your data**

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

**Legal and Regulatory**

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

**Survey participation**

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

**Consequences of not providing your information**

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

**Access, correction and complaints**

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Yarraville Community Centre's Privacy Officer in the first instance by phone 03 9687 1560 or email [info@ycc.net.au](mailto:info@ycc.net.au).

**Further information** - For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

- I declare that the information provided in this Enrolment Form is true and correct
- I acknowledge and agree to the terms described in the privacy statement
- Tick box if you do not wish to be contacted via email or SMS regarding upcoming classes or class cancellations
- If you wish to subscribe to our e-newsletter and course brochure, please go to [www.ycc.net.au](http://www.ycc.net.au)

Signed

Date / /

How did you find out about YCC and/or the course/courses?