



**SOUTH KINGSVILLE COMMUNITY CENTRE**  
ABN 98 885 027 531  
43 Paxton Street, South Kingsville, 3015  
☎ 9399 3000 📠 9399 2282

## **PROGRAM ENROLMENT FORM**

South Kingsville Community Centre (SKCC) is a not-for-profit organisation that offers social, educational and recreational courses/programs to community members. SKCC also provides Adult, Community and Further Education (ACFE) funded courses to the community.

The information collected on this form is a requirement of our funding bodies and is for statistical purposes only.

SKCC believes privacy is important and has put in place a Privacy Policy that states our personal information handling practices, as required by the Information Privacy Act 2000 and Health Records Act 2001. This policy is available on request from the main office.

Please complete all sections of this form and return to your tutor.

### **PROGRAM INFORMATION**

PROGRAM TITLE: \_\_\_\_\_

COMMENCING: \_\_\_\_\_

### **PARTICIPANT DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE/FEMALE  
(PLEASE CIRCLE)

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(MOBILE) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please complete the sections over the page.

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(MOBILE) \_\_\_\_\_

**PARTICIPANT INFORMATION**

DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH AT HOME? **No/Yes**

IF YES PLEASE SPECIFY: \_\_\_\_\_

HOW WELL DO YOU SPEAK ENGLISH? (PLEASE CIRCLE)

**VERY WELL                  WELL                  NOT WELL                  NOT AT ALL**

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? **No/Yes**

IF YES PLEASE CIRCLE:                  ABORIGINAL                  TORRES STRAIT ISLANDER

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION? **No/Yes**

IF YES, PLEASE SPECIFY:

- |  |  |                                 |                                   |
|--|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> ACQUIRED BRAIN INJURY | <input type="checkbox"/> HEARING/ DEAF | <input type="checkbox"/> VISION | <input type="checkbox"/> PHYSICAL |
| <input type="checkbox"/> MENTAL ILLNESS        | <input type="checkbox"/> INTELLECTUAL  | <input type="checkbox"/> OTHER: |                                   |

SHOULD CONCESSION APPLY, PLEASE SUPPLY YOUR CONCESSION TYPE?

\_\_\_\_\_

IS CHILDCARE REQUIRED? **No/Yes**

**PREVIOUS EDUCATION/EMPLOYMENT**

ARE YOU STILL ATTENDING SECONDARY SCHOOL? **Yes/No**

WHAT IS YOUR HIGHEST COMPLETED SECONDARY SCHOOL LEVEL? \_\_\_\_\_ YEAR? \_\_\_\_\_

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS?  
(PLEASE TICK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> CERTIFICATE IV (OR ADVANCED CERTIFICATE/TECHNICIAN) | <input type="checkbox"/> BACHELOR DEGREE OF HIGHER              |
| <input type="checkbox"/> CERTIFICATE III (OR TRADE CERTIFICATE)              | <input type="checkbox"/> ADVANCED DIPLOMA (OR ASSOCIATE DEGREE) |
| <input type="checkbox"/> CERTIFICATE II                                      | <input type="checkbox"/> DIPLOMA                                |
| <input type="checkbox"/> CERTIFICATE I                                       | <input type="checkbox"/> NO FURTHER QUALIFICATIONS              |
| <input type="checkbox"/> OTHER:  |   |

## ENROLMENT FORM

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OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? (PLEASE TICK ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> FULL-TIME EMPLOYEE                  | <input type="checkbox"/> PART-TIME EMPLOYEE                    |
| <input type="checkbox"/> EMPLOYER                            | <input type="checkbox"/> SELF EMPLOYED (NOT EMPLOYING OTHERS)  |
| <input type="checkbox"/> EMPLOYED –UNPAID FAMILY WORKER      | <input type="checkbox"/> UNEMPLOYED – SEEKING FULL-TIME WORK   |
| <input type="checkbox"/> UNEMPLOYED – SEEKING PART TIME WORK | <input type="checkbox"/> NOT EMPLOYED – NOT SEEKING EMPLOYMENT |
| <input type="checkbox"/> RETIRED                             |  |

WHICH BEST DESCRIBES YOUR MAIN REASON FOR PARTICIPAING IN THIS COURSE? (PLEASE TICK ONE ONLY)

- |   |  |
|---|--|
| <input type="checkbox"/> TO GET A JOB                   | <input type="checkbox"/> TO TRY FOR A DIFFERENT CAREER       |
| <input type="checkbox"/> EXTRA SKILLS FOR MY JOB        | <input type="checkbox"/> TO DEVELOP MY EXISITING BUSINESS    |
| <input type="checkbox"/> TO GET A BETTER JOB/PROMOTION  | <input type="checkbox"/> TO GET INTO ANOTHER COURSE OF STUDY |
| <input type="checkbox"/> IT WAS A REQUIREMENT OF MY JOB | <input type="checkbox"/> TO START MY OWN BUSINESS            |
| <input type="checkbox"/> FOR PERSONAL INTEREST          | <input type="checkbox"/> TO GET INVOLVED WITH THE COMMUNITY  |
| <input type="checkbox"/> FOR SELF DEVELOPMENT           |  |
| <input type="checkbox"/> OTHER REASONS:                 |  |

HOW DO YOU LEARN BEST? (PLEASE TICK ONE)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> LISTENING     | <input type="checkbox"/> READING      |
| <input type="checkbox"/> DEMONSTRATION | <input type="checkbox"/> MAKING/DOING |

DO YOU HAVE ANY GOALS YOU WISH TO ACHIEVE DURING THIS COURSE?

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HOW DID YOU FIND OUT ABOUT THE SOUTH KINGSVILLE COMMUNITY CENTRE? (PLEASE TICK ONE)

- A FRIEND     NEWSPAPER     BROCHURE     OTHER:

WOULD YOU LIKE TO BE ON OUR MAILING LIST?

**Yes/No**

Thank you for taking the time to complete this enrolment form.

If you have any questions or would like any further information regarding South Kingsville Community Centre please do not hesitate to speak to your tutor or our administration staff.



South Kingsville Community Centre (SKCC) provides the community with a range of services for people from birth to mature age, including maternal and child health, kindergarten, occasional childcare, playgroups, senior citizens activities, volunteer support for people who are frail or disabled, employment, social, educational and recreational programs, plus information and referral services.

SKCC is a non-profit organisation that is managed by a voluntary Committee of Management with funding provided by Hobsons Bay City Council, Department of Human Services, Department of Planning and Community Development and the Adult Community of Further Education.

If you are interested in becoming a committee member or becoming more involved in your community centre, please speak to one of the administration team for more information.

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**OFFICE USE ONLY**

**Client Number:** \_\_\_\_\_ **Fees:** \_\_\_\_\_

**Term 1** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

**Term 2** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

**Term 3** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

**Term 4** \_\_\_\_\_ **Receipt:** \_\_\_\_\_