

# PARTICIPANT'S INFORMATION & ENROLMENT DETAILS



Victorian Student Number:

Participant ID Number  
(office use only)

\_\_\_\_\_  
VSN is 9 digits long and applicable for those 25yrs and under

Are you a:  Permanent resident?  Australian citizen?  Asylum seeker? Other \_\_\_\_\_

If Asylum Seeker or you were referred here, What is your Case Worker's contact details? \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Details: \_\_\_\_\_

Names & age of children attending with Mother and any allergies/special considerations for child

Are you of Aboriginal or Torres Strait Islander origin  Yes Aboriginal  Yes TS Islander  No

## Do you have a job? See below.

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

Have you **SUCCESSFULLY** completed any of the following courses in **AUSTRALIA?**  Yes  No

- |  |  |
|--|--|
| <input type="checkbox"/> BACHELOR OR HIGHER DEGREE             | <input type="checkbox"/> CERTIFICATE III |
| <input type="checkbox"/> ADVANCED DIPLOMA OR ASSOCIATE DIPLOMA | <input type="checkbox"/> CERTIFICATE II  |
| <input type="checkbox"/> DIPLOMA                               | <input type="checkbox"/> CERTIFICATE I   |
| <input type="checkbox"/> CERTIFICATE IV                        | <input type="checkbox"/> MISCELLANEOUS   |

## Why are you doing this course? (tick one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> TO GET A JOB                     | <input type="checkbox"/> I WANTED EXTRA SKILLS FOR MY JOB          |
| <input type="checkbox"/> TO DEVELOP MY EXISTING BUSINESS  | <input type="checkbox"/> TO GET INTO ANOTHER COURSE OR STUDY       |
| <input type="checkbox"/> TO START MY OWN BUSINESS         | <input type="checkbox"/> OTHER REASONS                             |
| <input type="checkbox"/> TO TRY FOR A DIFFERENT CAREER    | <input type="checkbox"/> FOR PERSONAL INTEREST OR SELF DEVELOPMENT |
| <input type="checkbox"/> TO GET A BETTER JOB OR PROMOTION | <input type="checkbox"/> NOT STATED                                |
| <input type="checkbox"/> IT WAS A REQUIREMENT OF MY JOB   |  |

## What is your highest COMPLETED Secondary School level in AUSTRALIA?

- |  |  |
|--|--|
| <input type="checkbox"/> NOT STATED                          | <input type="checkbox"/> DID NOT GO TO SCHOOL  |
| <input type="checkbox"/> DATE COMPLETED YEAR 12              | <input type="checkbox"/> ARE YOU STILL ATTENDING SECONDARY SCHOOL?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="checkbox"/> DATE COMPLETED YEAR 11              | <input type="checkbox"/> HAVE YOU COMPLETED ANY STUDIES OVERSEAS?<br>IF SO SPECIFY WHAT?                                       |
| <input type="checkbox"/> DATE COMPLETED YEAR 10              |  |
| <input type="checkbox"/> DATE COMPLETED YEAR 9 OR EQUIVALENT |  |
| <input type="checkbox"/> DATE COMPLETED YEAR 8 OR LOWER      |  |

Language spoken at home \_\_\_\_\_

Level of spoken English:    Very well                  Well                  Not Well                  Not at all                  Not stated

Do you have a medical condition that staff should be aware of or that require special assistance (i.e. asthma, epilepsy, diabetes, heart condition, allergies )?  
\_\_\_\_\_

**Do you have a disability, impairment or long-term condition?**     Yes     No

- |   |  |
|---|--|
| <input type="checkbox"/> HEARING/DEAF   | <input type="checkbox"/> ACQUIRED BRAIN INJURY |
| <input type="checkbox"/> PHYSICAL       | <input type="checkbox"/> MEDICAL CONDITION     |
| <input type="checkbox"/> INTELLECTUAL   | <input type="checkbox"/> UNSPECIFIED           |
| <input type="checkbox"/> MENTAL ILLNESS | <input type="checkbox"/> OTHER _____           |
| <input type="checkbox"/> VISION         |  |
| <input type="checkbox"/> LEARNING       |  |

**Identification check list: Make a copy of the available identification document with the Centrelink card for the file.**

- |  |   |
|--|---|
| <input type="checkbox"/> Australian Birth Certificate  | <input type="checkbox"/> Current Australian or New Zealand passport |
| <input type="checkbox"/> Current green Medicare Card   | <input type="checkbox"/> Naturalisation certificate                 |
| <input type="checkbox"/> Current Centrelink Concession Card  | <input type="checkbox"/> Driving License                            |
| <input type="checkbox"/> Formal document issued by DIAB confirming permanent residence OR a bridging Visa. |   |

**If the fee is at a concessional rate, please tick the relevant box?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Low income (LIC)                 | <input type="checkbox"/> Parenting payment single (PPS) | <input type="checkbox"/> Youth allowance (YAL) |
| <input type="checkbox"/> Special benefit (SPL)            | <input type="checkbox"/> Mature age allowance (NMA)     | <input type="checkbox"/> Age pension (AP)      |
| <input type="checkbox"/> Sickness allowance (SKA)         | <input type="checkbox"/> Newstart allowance (NS)        | <input type="checkbox"/> Carers pension (CAR)  |
| <input type="checkbox"/> Parenting Payment (PP)           | <input type="checkbox"/> Family allowance               | <input type="checkbox"/> Seniors               |
| <input type="checkbox"/> Disability support pension (DSP) |   | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Widow allowance (WDA)            |   |  |
| <input type="checkbox"/> Asylum seeker                    |   |  |

**HOW DID YOU HEAR ABOUT WELLSPRINGS FOR WOMEN?**

- Existing participant
- Referral from another agency
- Referred by a friend
- Local paper
- Flyer
- Website
- Word of mouth
- Other – please specify \_\_\_\_\_

**Please tick this box if you do not wish to participate in Victorian Government surveys**

**Enrolling Officer:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY STATEMENT**

I understand that: Wellsprings for Women is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with participant and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Participant Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires *Wellsprings for Women* to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Participant Number and updating my personal information on the Victorian Participant Register.

I acknowledge and agree to the terms described in this privacy statement:

I accept the terms describe in this privacy statement

**COURSE FEES, CANCELLATIONS & REFUNDS**

Course fees will be kept as low as possible

**Concessions**

Wellsprings for Women offers a concession rate to current concession card holders (i.e. Health Card, Pensioner Concession, Veteran’s Gold Card).

Payment plans/Special Concessions/Exemptions are granted to women who are experiencing financial hardship. To claim an Special Concessions/Exemptions, the participant must have CEO approval

**Withdrawal**

If a participant wishes to withdraw from a course after two weeks from the commencement date of the course, they are requested to complete and sign a “Course Withdrawal Form’ and Wellsprings will refund the tuition fee paid in respect of the course.

**Refunds**

1. If Wellsprings for Women cancels a class, a full refund will be given.
2. Course fees will not be refunded if the participant has attended more than two classes in that calendar year.
3. Refunds must be applied for in writing and submitted to the Enrolment Officer.
4. Refunds will be paid by EFT within 10 days after the application has been completed.
5. Request for a refund outside the above criteria can be requested by application to the CEO.
6. Fees may be swapped if there is a class change.

**CODE OF CONDUCT & CONFIDENTIALITY AGREEMENT**

I agree to be respectful and safe in my behavior with people and property at all times. I will respect the rights of those at Wellsprings to privacy and dignity. I will not ask questions that are inappropriate to the setting or situation or give personal details about myself which might make them uncomfortable. I agree that I will not discuss any personal or private details about those at Wellsprings, either within or outside Wellsprings unless it is a matter of safety or law.

**PHOTO PERMISSION**

- I give my permission to Wellsprings for Women to take my photograph or video which may be used in Wellsprings publications, on Facebook or Wellsprings Website.
- I give my permission to Wellsprings for Women to take my child/children’s photograph or video which may be used in Wellsprings publications, on Facebook or Wellsprings Website.
- I do not give my permission to Wellsprings for Women to take my or child/children’s photograph and use it for publication as part of their promotional material. This includes Annual Reports, Course Guides, websites and displays. If you ticked the ‘No’ box, it is your responsibility to inform others that you do not want yourself filmed or photographed and please **do not participate in group photographs** or have your head down so your face is not shown in the photograph.

**STUDENT DECLARATION AND CONSENT**

I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Name .....

Signed .....

Date .....

## **COURSES**

- |                          |  |               |                          |  |     |
|--------------------------|--|---------------|--------------------------|--|-----|
| <input type="checkbox"/> | Afghan Women's Friendship Group            | Mon           | <input type="checkbox"/> | Ageless Grace                            | Thu |
| <input type="checkbox"/> | Computer – Work Study                      | Mon           | <input type="checkbox"/> | Art & Craft [Doveton College]            | Thu |
| <input type="checkbox"/> | Crafty Connections                         | Mon           | <input type="checkbox"/> | Choir [\$50 per term]                    | Thu |
| <input type="checkbox"/> | English as an additional Language 1 [EAL]  | Mon           | <input type="checkbox"/> | Computer – Work Study                    | Thu |
| <input type="checkbox"/> | Grandmother's Support Group                | Mon           | <input type="checkbox"/> | Enterprising Creative Women [T1 & T2]    | Thu |
| <input type="checkbox"/> | Ageless Grace                              | Tue           | <input type="checkbox"/> | Makers Open Studio [ECW P's only No fee] | Thu |
| <input type="checkbox"/> | Craft                                      | Tue           | <input type="checkbox"/> | Sewing – Basic [AM]                      | Thu |
| <input type="checkbox"/> | English - Living, Learning, Belonging      | Tue           | <input type="checkbox"/> | Sewing [PM]                              | Thu |
| <input type="checkbox"/> | English for school engagement [Hallam]     | Tue           | <input type="checkbox"/> | Wellsprings Girl Guides [No Fee]         | Thu |
| <input type="checkbox"/> | Everyday English [Enrol fee Only]          | Tue           | <input type="checkbox"/> | Computer – Beginner                      | Fri |
| <input type="checkbox"/> | Presentation and Public Speaking [T2 & T4] | Tue           | <input type="checkbox"/> | English Conversation                     | Fri |
| <input type="checkbox"/> | Veggie Garden                              | Alternate Tue | <input type="checkbox"/> | English for Driving Test                 | Fri |
| <input type="checkbox"/> | Computer – General                         | Wed           | <input type="checkbox"/> | Spokeswomen's Club                       | Fri |
| <input type="checkbox"/> | Discovering New Careers [T1 & T3]          | Wed           | <input type="checkbox"/> | Wellsprings Womens Riders                | Sat |
| <input type="checkbox"/> | English as an additional Language 2 [EAL]  | Wed           | <input type="checkbox"/> | Home Visitation                          |     |
| <input type="checkbox"/> | English as an additional Language 3 [EAL]  | Wed           |                          |  |     |
| <input type="checkbox"/> | Homework Support - Homework [No fee]       | Wed           |                          |  |     |
| <input type="checkbox"/> | Introduction to Community... [T2 & T4]     | Wed           |                          |  |     |
| <input type="checkbox"/> | Mentoring Program [No fee]                 | Wed           |                          |  |     |
| <input type="checkbox"/> | Mothers & Childrens [Fleetwood]            | Wed           |                          |  |     |
| <input type="checkbox"/> | English for school engagement [Carlisle]   | Wed           |                          |  |     |
| <input type="checkbox"/> | Sewing Beginners[PM]                       | Wed           |                          |  |     |

## **TERMS ENROLLING IN 2019:**

- TERM 1
- TERM 2
- TERM 3
- TERM 4

## FEE STRUCTURE

### Full Fees to be paid by end of Term 1

Concession Participants		<p style="text-align: center;"><b><u>Please note there is no class fee for:</u></b></p> <ul style="list-style-type: none"> <li>Learning, Living and Belonging [LLB]</li> <li>Wellsprings Mentoring Program [WMP]</li> <li>Women's Health and Safety</li> <li>Home Visitation</li> <li>Homework Support</li> <li>Girl Guides</li> </ul>
1 <sup>st</sup> Course Fee	\$60 per year or \$15 per term	
2 <sup>nd</sup> Course Fee	\$100 per year or \$25 per term	
3 <sup>rd</sup> Course Fee	\$20 per year or \$5 per term	
4 <sup>th</sup> Course Fee	\$20 per year or \$5 per term	
Non Concession Participants		
1 <sup>st</sup> Course Fee	\$80 per year or \$20 per term	
2 <sup>nd</sup> Course Fee	\$120 per year or \$30 per term	
3 <sup>rd</sup> Course Fee	\$30 per year or \$7.50 per term	
4 <sup>th</sup> Course Fee	\$30 per year or \$7.50 per term	

## PAYMENT OPTIONS

### **1. PAYMENT PLAN**

TOTAL FEES – Full Year \$	Amount committed to pay \$	Date to be paid by:
Agreed payment plan:	Weekly                      Monthly	Per Term
Please circle as appropriate	\$                                      \$	\$

### **2. FEE EXEMPTION**

I ..... apply for exemption due to financial hardship.

.....  
Participant's Signature

.....  
Chief Executive Officer's Signature & Date

				<u>Office Use Only</u>
<u>Payment</u>				
Date	Receipt No:	Amount Due	Paid	Balance & Comments