PARTICIPANT'S INFORMATION & ENROLMENT DETAILS

Victorian Student Number:

__ __ __ __ __ __ __ __ _

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

Participant ID Number
(office use only)

__ __ __ __ __ __ __ __ _

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: _____ Language spoken at home _____ 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.

- ☐ EMPLOYED - UNPAID FAMILY WORKER
- ☐ EMPLOYER
- ☐ FULL TIME EMPLOYEE
- ☐ NOT EMPLOYED - NOT SEEKING EMPLOYMENT
- ☐ NOT STATED
- ☐ PART TIME EMPLOYEE
- ☐ SELF EMPLOYED NOT EMPLOYING OTHERS
- ☐ UNEMPLOYED - SEEKING FULL TIME WORK

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

- ☐ BACHELOR OR HIGHER DEGREE
- ☐ ADVANCED DIPLOMA OR ASSOCIATE DIPLOMA
- ☐ DIPLOMA
- ☐ CERTIFICATE IV
- ☐ CERTIFICATE III
- ☐ CERTIFICATE II
- ☐ CERTIFICATE I
- ☐ MISCELLANEOUS

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

- ☐ TO GET A JOB
- ☐ TO DEVELOP MY EXISTING BUSINESS
- ☐ TO START MY OWN BUSINESS
- ☐ TO TRY FOR A DIFFERENT CAREER
- ☐ TO GET A BETTER JOB OR PROMOTION
- ☐ IT WAS A REQUIREMENT OF MY JOB
- ☐ I WANTED EXTRA SKILLS FOR MY JOB
- ☐ TO GET INTO ANOTHER COURSE OR STUDY
- ☐ OTHER REASONS
- ☐ FOR PERSONAL INTEREST OR SELF DEVELOPMENT
- ☐ NOT STATED

What is your highest COMPLETED Secondary School level in AUSTRALIA?

- ☐ NOT STATED
- ☐ DATE COMPLETED YEAR 12
- ☐ DATE COMPLETED YEAR 11
- ☐ DATE COMPLETED YEAR 10
- ☐ DATE COMPLETED YEAR 9 OR EQUIVALENT
- ☐ DATE COMPLETED YEAR 8 OR LOWER
- ☐ DID NOT GO TO SCHOOL
- ☐ ARE YOU STILL ATTENDING SECONDARY SCHOOL?
  YES ☐ NO ☐
- ☐ HAVE YOU COMPLETED ANY STUDIES OVERSEAS?
  IF SO SPECIFY WHAT?

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

- ☐ HEARING/DEAF
- ☐ PHYSICAL
- ☐ INTELLECTUAL
- ☐ MENTAL ILLNESS
- ☐ VISION
- ☐ LEARNING
- ☐ ACQUIRED BRAIN INJURY
- ☐ MEDICAL CONDITION
- ☐ UNSPECIFIED
- ☐ OTHER _____

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

- ☐ Australian Birth Certificate
- ☐ Current green Medicare Card
- ☐ Current Centrelink Concession Card
- ☐ Current Australian or New Zealand passport
- ☐ Naturalisation certificate
- ☐ Driving License
- ☐ 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?

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

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

- ☐ Afghan Women's Friendship Group Mon
- ☐ Computer – AM Mon
- ☐ Computer – PM Mon
- ☐ Crafty Connections Mon
- ☐ English as an additional Language 1 *[EAL1]* Mon
- ☐ English as an additional Language 1 *[PM]* Mon
- ☐ English Level 3 Mon
- ☐ Cooking Program Mon
- ☐ Afgan Women's Group Mon

- ☐ Ageless Grace Tue
- ☐ Art For Life Tue
- ☐ English Level 2 Tue
- ☐ Career Pathways Tue
- ☐ Craft Tue
- ☐ Making A Difference Tue
- ☐ Make Australia Home Tue
- ☐ Veggie Gardening Tue

- ☐ Self-Care Program Wed
- ☐ Job Interview Skills Wed
- ☐ Sewing *[PM]* Wed
- ☐ Computer – General Wed
- ☐ English as an additional Language 2 *[EAL]* Wed
- ☐ English as an additional Language 3 *[EAL]* Wed

- ☐ Ageless Grace Thu
- ☐ Choir Thu
- ☐ Computer – Work Study Thu
- ☐ Creative Enterprising Women Thu
- ☐ Sewing – Basic *[AM]* Thu
- ☐ Sewing *[PM]* Thu
- ☐ Girl Guides *[No Fee]* Thu
- ☐ WASEMA Thu
  Women's Friendship Cafe

- ☐ Yoga Fri
- ☐ Computer – Beginner Fri
- ☐ English Conversation - AM Fri
- ☐ English Conversation - PM Fri
- ☐ English for Driving Fri
- ☐ Digital Literacy For Seniors Fri
- ☐ Wellsprings Walking Group Fri
- ☐ Cambodian Women's Group Fri
  (Last Friday of the Month)

- ☐ Home Visitation *[No fee]*

PROGRAMS OFFSITE

- ☐ English Level 1 **Cranbourne North** Mon

- ☐ English Level 1 **Hallam** Tue
- ☐ Road Safety Rules **James Cook Drive** Tue

- ☐ Language Play Group **Springvale Library** Wed
- ☐ English Level 1 **Narre Warren South** Wed

- ☐ English Level 1 **Cranbourne North** Thu
- ☐ Employment Skills **Dandenong** Thu

- ☐ Language Playgroup **Dandenong Library** Fri

TERMS ENROLLING IN 2020:

- ☐ TERM 1 – **3rd February to 27th March 2020**
- ☐ TERM 2 – **14th April to 26th June 2020**
- ☐ TERM 3 – **13th July to 18th September 2020**
- ☐ TERM 4 – **5th October to 4th December 2020**

FEE STRUCTURE

Full Fees to be paid by end of Term 1

Concession Participants		
1st Course Fee	$80 per year	or $20 per term
2nd Course Fee	$120 per year	or $30 per term
3rd Course Fee	$20 per year	or $5 per term
4th Course Fee	$20 per year	or $5 per term
Non Concession Participants		
1st Course Fee	$100 per year	or $25 per term
2nd Course Fee	$140 per year	or $35per term
3rd Course Fee	$ 30 per year	or $ 7.50 per term
4th Course Fee	$ 30 per year	or $7.50 per term

Please note there is no class fee for:

- Making a Difference
- Self-Care Program
- Girl Guides
- Home Visitation
- Making Australia Home
- Ageless Grace
- Yoga
- Walking Group
- Vegie Gradening
- Playgroups
-

PAYMENT OPTIONS

1. *PAYMENT PLAN*

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

2. *FEE EXEMPTION*

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

…….. ……..

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

Office Use Only

Payment Date	Receipt No:	Amount Due	Paid	Balance & Comments