

Enrolment Form



Personal details

First Name: _____ Last Name: _____

Postal Address: _____

Suburb: _____ Postcode: _____

We may need to phone you about this enrolment. What are the best numbers to contact you during business hours?

Phone: _____

Our preference is to contact you via email. Please write your email address clearly.

Email: _____

Are you deaf or hard of hearing?: YES NO

I am an Australian Citizen or Permanent Resident: YES NO - *if NO, please contact Deaf Education Network*

Course/s I want to enrol in

NOTE: Concession criteria is outlined at www.deafsocietynsw.org.au/courses/enrolment_conditions.html

Course: ** _____

Course Number: _____

Location: _____

Price 1: \$ _____

Course: _____

Course Number: _____

Location: _____

Price 2: \$ _____

Total: \$ _____

Registering for a Basic (Community) Auslan Course?

**** It is important that you provide a second location choice. If your first choice is full or cancelled we will contact you.**

Location - 2nd Choice: _____

Payment details

I am paying by: VISA MASTERCARD CASH MONEY ORDER* CHEQUE*

**make payable to The Deaf Society of NSW*

For Credit Card payments:

Credit Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____

Cardholder's Name: _____

Signature: _____

How did you find out about this course?

- Website DEN Brochure Another DEN course From a Deaf organisation / association
 Deaf Society Previous Student Another college Other: _____

Photographs

I give permission for my photo to be taken during classes or at Deaf Society events and approve for these images to be used for Deaf Society marketing purposes. Yes No

Enrolment Conditions

I accept the Conditions of Enrolment as outlined on The Deaf Society of NSW website: www.deafsocietynsw.org.au/courses/enrolment_guidelines.html

Signature: _____

Date: ____ / ____ / ____

Statistical details

The Federal Government requires all colleges to collect the following statistics to help with their educational planning. Information provided will be treated in the strictest confidence.

Personal Details

- 1 Enter your birth date
__ __ (Day) __ __ (Month) __ __ __ __ (Year)
- 2 SEX - tick ONE box only
 Female Male

Language and Cultural Diversity

- 3 Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "YES" boxes)
 No Yes, Aboriginal Yes, Torres Strait Islander
- 4 In which country were you born?
 Australia Other - please specify:

- 5 Do you use a language other than English at home?
(If more than one language, indicate the one that is used most often)
 No, English only (go to Question 7)
 Yes, Auslan (go to Question 7)
 Yes, other - please specify:

- 6 How well do you speak English?
 Very well Well
 Not very well Not at all

Disability

- 7 Do you consider yourself to have a disability, impairment or long-term condition?
 Yes No (go to Question 8)
If YES, then please indicate the areas of disability, impairment or long-term condition. *(You may indicate more than one area)*
 hearing / deaf learning
 physical mental illness
 intellectual acquired brain impairment
 vision medical condition
 other (please specify): _____

Employment

- 8 Of the following categories, which best describes your current employment status? *(Tick ONE box only)*
 full-time employee
 employed - unpaid worker in a family business
 part-time employee
 unemployed - seeking full-time work
 self employed - not employing others
 unemployed - seeking part-time work
 employer
 not employed - not seeking employment

Previous Qualifications Achieved

- 9 Have you successfully completed any of the following qualifications?
 Yes (you may indicate more than one) No (go to Question 10)
 Bachelor Degree or Higher Degree
 Advanced Diploma or Associate Degree
 Diploma (or Associate Diploma)
 Certificate IV (or Advanced Certificate / Technician)
 Certificate III or Trade Certificate
 Certificate II
 Certificate I
 Certificates other than above

Schooling

- 10 What is your highest completed school level? *(Tick ONE box only)*
 Year 12 Year 11
 Year 10 Year 9
 Year 8 or lower Never attended school
- 11 In which year did you complete your highest school level? __ __ __ __
- 12 Are you still attending secondary school?
 Yes No

Study Reason

- 13 Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? *(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 of study
 for personal interest or self-development
 other reasons

Privacy Statement

The information you have provided in this application form will be used by the NSW Department of Education and Training for the purposes of general student administration, planning and communication. All application information is considered private and confidential and will be held securely.

Declaration

The information I have given in this form is correct and I consent to The Deaf Society of New South Wales obtaining personal information to complete or verify my application.

Print Name: _____

Signature: _____

Date: __ __ / __ __ / __ __ __ __