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Enrolment Form

Surname _____

Given Name/s _____

Postal Address _____

Residential Address _____

Town/City _____ Postcode _____

Tel: Work: _____ Home: _____

Mobile: _____ Fax: _____

Email Address: _____

Male Female

Date of Birth / /

Course Title: _____


Course Date: _____

I give permission for my photo (if taken) and name to be used in promotional material for Griffith Adult Learning association Inc :
Yes

No

Refund policy: If Griffith Adult Learning Association Inc. (GALA Inc.) cancels a course: fees will be fully refunded within fourteen (14) days of course cancellation. Course fees will be refunded if advice of withdrawal is received seven (7) days before commencement of course. A \$25.00 administration charge will apply. GALA Inc. cannot accept responsibility for changes to a participant's personal circumstances. There will be no refund if withdrawal is less than seven days before commencement of course, as funds are committed. GALA Inc. is not responsible for any outlays made by students for books or materials for courses.
I understand the conditions of enrolment

Signed: _____

Note: Enrolment not accepted until receipt of full course fee
(Please refer to back page) 

Payment details:

Please make cheques and money orders payable to GALA Inc.

I enclose cheque/money order/cash for \$ _____ or debit my

MasterCard

Visa

Card Number: _____

Card expiry date: _____

Card holder's signature: _____

Card holder's name: _____

GRIFFITH ADULT LEARNING ASSOCIATION INC

Please complete the following questionnaire

Student Privacy

Information concerning students, including information submitted on this enrolment form will be used by GALA Inc or other authorised organisations for the purposes of general student administration, and communication with state and national reporting, monitoring and evaluation. The information may be disclosed to the National Centre for Vocational Education Research (NCVER) and/or an agency authorised to undertake surveys. The provision of this information is necessary for both enrolment and re-enrolment. Information provided by you will be held securely and disposed of securely when no longer needed. You may access your personal information by contacting GALA INC (02)69645334

Country of Birth if not Australia _____

Language spoken at home if not English _____

How well do you speak English

Very Well Well Not well Well Not at all

Aboriginal Yes No

Torres Strait Islander Yes No

Do you have any of the following disabilities:

- | | |
|--|--|
| <input type="checkbox"/> Visual/Sight Impaired | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | |

If you have special needs please let GALA know upon enrolment

Current Employment Status: (tick one box)

- | | |
|--|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Employed unpaid family work |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed seeking full-time |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed seeking part-time |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Not employed not seeking employment/retired |
- School level completed**
- | |
|--|
| <input type="checkbox"/> Year 9 or lower |
| <input type="checkbox"/> Year 10 |
| <input type="checkbox"/> Year 11 |
| <input type="checkbox"/> Year 12 |

Are you still at School Yes No

What was the year you left school _____

Have you successfully completed any of the following qualifications?
YES/NO

If yes, please tick:

- 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
- Certificate/s other than the above


Why have you enrolled in this course?

- | | |
|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get a better job or promotion |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To get into another course of study | |
| <input type="checkbox"/> For self development | |
| <input type="checkbox"/> other (not specified) | |

Where did you find out about this course/service?

(You may tick more than one)

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Advertising | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> At School | <input type="checkbox"/> At your workplace |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ |

Please turn over 

PRE-COURSE QUESTIONNAIRE

The following questions about your previous education and study preferences will provide us with information to assist you and other students participating in accredited training courses. All information remains private and confidential. The questionnaire is to be completed by Vocational Education Training (VET) students prior to commencement of training.

What are you expecting from this course? How will this course help you?

.....
.....
.....

Have you been referred to complete course through work or other service provider? If YES, please provide details of organisation and name of contact person.....

.....

Computers Only:

If you are enrolling in a computer course are you a beginner?

YES NO

If NO, which of the following basic skills do you have?

Keyboard skills File management Email Surfing the net Basic Word-processing

Simple spreadsheets Uploading/Downloading photos Other

.....
.....
.....

Please note anything you feel you may need assistance with while undertaking this course(s)?

Do you have any difficulty with any of the following? Please tick the appropriate box

- | | |
|---|------------------------------------|
| <input type="radio"/> Reading | <input type="radio"/> Writing |
| <input type="radio"/> Spelling | <input type="radio"/> Computer use |
| <input type="radio"/> Comprehension | <input type="radio"/> Maths |
| <input type="radio"/> Understanding verbal instructions | <input type="radio"/> Vision |

Any further comments:

.....
.....

How do you think you will use the skills you gain from this course?

.....
.....
.....

Office use only

** Esced ** RFS ** Handbook provided ** MYOB No _____ ** Student Logon ** Advised 100 pts ID ** Copy of SFA received

** Other requirements referred to: _____

Staff member name: _____

Action taken: _____