



SHORT COURSES ENROLMENT FORM 2017

Program Name: _____ Term: _____

First Name:		Last Name:	
Company/Organisation:			
Address:		Town:	P/Code
Email address:			
Phone No:		Mobile No:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Are you a Concession Card Holder?	<input type="checkbox"/> No	Type:	Concession Number/Expiry
	<input type="checkbox"/> Yes		
Participant signature:			Date

***FOR ALL NATIONALLY ACCREDITED COURSES A UNIQUE STUDENT IDENTIFIER NUMBER IS REQUIRED IN ORDER FOR THE REGISTERED TRAINING ORGANISATION TO ISSUE A CERTIFICATE OF COMPLETION. Please go to www.usi.gov.au for further information**

PLEASE INSERT UNIQUE STUDENT IDENTIFIER HERE:

--	--	--	--	--	--	--	--	--	--

To assist us meet our communities needs it would be appreciated if you answered the following:

- How did you hear about this course? Please mark any that apply
 - I saw it in the quarterly Community Newsletter.
 - I saw it in the newspaper. Which one? _____
 - I found it on a local website. Which one? _____
 - I received an email from Community House
 - A friend I got a call from the Community House advising the course was on
- Would you like to receive our monthly news by email? No Yes

Payment can be made by cash, cheque (payable to Manna Gum Community House Inc.) or

Direct Deposit: Bendigo Bank Foster BSB: 633-000 Account No: 132580879

Please provide your surname as a reference

Office Use Only Date: _____ Receipt No: _____ Amount: _____	Office Use Only Entered by whom? Initials Date Customer Service actions completed <input type="checkbox"/> _____ Relevant information entered to database <input type="checkbox"/> _____
--	--

Privacy Statement

The information sought on this enrolment form will:

- enable us to contact you should the course be cancelled or course delivery altered.
- provide information for us to meet the ongoing needs of our community.

Your information will be held secure by our organisation and only used for its intended purpose.