Enrolment Form - Sign Language courses



Personal details

Given name/s	Last name	
Residential address (cannot be a PO box)		
Suburb	Postcode:	Mobile
Alternative phone contact (please specify if work, home, etc.)		
We will need email address to send you the resources for the S	ign Language course:	
Email address		
Centrelink card number	Expiry date	//
Cost		
Sign Language 1 (SL1) \$220 per person (\$160 for Centrelink Sign Language 2 (SL2) \$220 per person (\$160 for Centrelink \$220 per person (no concession rate	concession cardholders	full price applies to NDIS participants)full price applies to NDIS participants)
You <u>MUST</u> provide proof of current Centrelink concession to be	eligible for concession ra	ate. Please attach a photocopy or scan.
Course I want to enrol in		
Course type (please tick) Sign Language 1 (SL1)	Sign Language 2 (SL2) Sign Online (SOL)
Course location	Course	day
Payment information		
Payment method (please tick box below and provide the require MONEY ORDER / CHEQUE Please make payable CREDIT CARD Please tick Visa	e to 'The Deaf Society' and	d attach to this form can only accept Visa or Mastercard.)
Card number:////	/	Exp:/
Cardholder's name:	Signature	e:
☐ DIRECT DEPOSIT ⇒ Please include your NAME and C	OURSE CODE (i.e. SL1,	, SL2 or SOL) in the reference field
BSB 062 255 Account number 00800332		
☐ CASH	person at the Parramatta	office, or other offices by arrangement
ANOTHER PARTY (e.g. employer) WILL PAY FOR MY EI	NROLMENT	⇒ Please provide invoicing info
Organisation (if applicable)	Email address to ir	nvoice
Invoice contact person		
NDIS (National Disability Insurance Scheme) funding - Plea		
Self-managed – I can pay for services using my more me after I provide proof of payment. → Please enro		
Plan-managed – I have an agreement with an organ ⇒ Please provide the following information so we k		
NDIS participant name:	NDIS participant name: NDIS number:	
Organisation name:	Organisation name: Organisation phone:	
Organisation email:		
NDIA-managed – the Deaf Society can claim the co online portal ⇒ Please provide the following inform		
NDIS participant name:	NDIS nur	mber:
NDIS support item:	Support i	tem no:

Please note that if you do not nominate an NDIS support item above, the Deaf Society will claim the cost of the course from any Core Supports funding available (specifically 03_089_0121_1_1 Auslan or signed English training).

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	Disability
1 Enter your birth date	9 Do you consider yourself to have a disability, impairment or long-term condition?
(Day) (Month) (Year)	Yes No (go to Question 7)
2 SEX (tick ONE box only) Female Male Other	If YES, please select the area(s) in the following list: Please refer to the Disability supplement (shown on next page) for an
Language and Cultural Diversity	explanation of the following disabilities.
3 In which country were you born?	hearing / deaf learning
Australia Other - please specify:	physical mental illness
4 Are you of Aboriginal or Torres Strait Islander origin?	intellectual acquired brain impairment
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "YES" boxes) No Yes, Aboriginal Yes, Torres Strait Islander	vision medical condition
Employment	other (please specify):
5 Of the following categories, which best describes your current employment status? (Tick ONE box only)	Previous Qualifications Achieved
full-time employee	10 Have you successfully completed any of the following qualifications?
part-time employee	Yes (you may indicate more than one)
self employed - not employing others	Bachelor Degree or Higher Degree
□ employer	Advanced Diploma or Associate Degree
employed - unpaid worker in a family business	Diploma (or Associate Diploma)
unemployed - seeking full-time work	Certificate IV (or Advanced Certificate / Technician)
unemployed - seeking part-time work	Certificate III or Trade Certificate
not employed - not seeking employment	Certificate II
6 Do you use a language other than English at home?	Certificate I
(If more than one language, indicate the one that is used most often)	Other education (including certificates or overseas
No, English only	qualifications not listed above)
☐ Yes, Auslan	Study Reason
Yes, other - please specify:	11 Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only)
Schooling	to get a job
7 Are you still attending secondary school? Yes No	to develop my existing business
8 What is your highest completed school level? (Tick ONE box only)	to start my own business
If you are currently enrolled in secondary education, please tick the highest	to try for a different career
school level you have completed. For example, if you are currently in Year 10, the highest school level completed is year 9.	to get a better job or promotion
Year 12 Year 11	it was a requirement of my job
Year 10 Year 9	I wanted extra skills for my job
_	to get into another course of study
Year 8 or lower Never attended school (go to Question 11)	for personal interest or self-development
(go to question 11)	other reasons

The Deaf Society: Ph: (02) 8833 3600 Fax: (02) 8833 3699 TTY: (02) 8833 3691
Email: signlanguage@deafsociety.com Web: http://courses1.deafsocietynsw.org.au/beginner-courses
Post to: PO Box 1300, Parramatta NSW 2124

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Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

Hearing/deaf	Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.
Physical	A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.
Intellectual	In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.
Learning	A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.
Mental illness	Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.
Acquired brain impairment	Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.
Vision	This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.
Medical	Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown
condition	origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.
Other	A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that the Deaf Society (DS) is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by DS or the following third parties for administrative, regulatory and/or research purposes:

- School if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted

contractor. I leade field you may opt out of the curvey at the time of boil	ig contactou.
The personal information DS collect from you will be recorded and used evaluating and planning our services. DS have a Privacy Statement (https://deafsocietynsw.org.au/documents/Privacy_Statement1.pdf) whi understand that I consent to the collection of my personal information by any disability (if they choose to provide that information).	ch you can read for more information. I
I have read and understood the privacy notice and give consent to the condisclosure to the National Centre for Vocational Education Research (NC	
Enrolment Conditions By signing the enrolment form, I accept the Term and Conditions of Enrowebsite: www.deafsocietynsw.org.au/courses/page/enrolment	olment as outlined on the Deaf Society
Signature:	Date://

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