

# Enrolment Form



## Personal details

Given name/s \_\_\_\_\_ Family name \_\_\_\_\_

Residential address (*CANNOT be a PO box*) \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address (*if different to above*) \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_ Home / work phone \_\_\_\_\_

*We many need to contact you about your enrolment. Please provide the best numbers to contact you during business hours.*

Email address \_\_\_\_\_

Centrelink card number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_

*You **MUST** provide proof of current Centrelink concession to be eligible for concession rate. Please attach a photocopy or scan.*

How did you find out about this course? \_\_\_\_\_

## Cost

Sign Language 1 (SL1) \$220 per person (\$160 for Centrelink concession cardholders – full price applies to NDIS participants)

Sign Language 2 (SL2) \$220 per person (\$160 for Centrelink concession cardholders – full price applies to NDIS participants)

Sign Online (SOL) \$165 per person (no concession rate available)

*You **MUST** provide proof of current Centrelink concession to be eligible for concession rate. 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 required information*)

MONEY ORDER / CHEQUE ⇒ *Please make payable to 'The Deaf Society' and attach to this form*

CREDIT CARD ⇒ *Please tick*  Visa  Mastercard (*We can only accept Visa or Mastercard.*)

Card number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

DIRECT DEPOSIT ⇒ *Please include your **NAME** and **COURSE CODE** (i.e. SL1, SL2 or SOL) in the reference field*

Account name: Deaf Services Limited BSB 034-033 Account number 236947

CASH ⇒ *Cash payments can be made in person at the Parramatta office, or other offices by arrangement*

ANOTHER PARTY (e.g. employer or NDIS) WILL PAY FOR MY ENROLMENT ⇒ *Please provide invoicing info*

Organisation (*if applicable*) \_\_\_\_\_

NDIS number (*if applicable*) \_\_\_\_\_ NDIS name (*if applicable*) \_\_\_\_\_

Invoice contact person \_\_\_\_\_ Invoice contact phone \_\_\_\_\_

Email address to invoice \_\_\_\_\_

Ph: (02) 8833 3600 Fax: (02) 8833 3699 TTY: (02) 8833 3691

Email: [signlanguage@deafsociety.com](mailto:signlanguage@deafsociety.com) Web: <http://courses1.deafsocietynsw.org.au/beginner-courses>

Post to: PO Box 1300, Parramatta NSW 2124

## 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 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)*: \_\_\_\_\_

### Schooling

- 8 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
- 9 In which year did you complete your highest school level? \_\_ \_\_ \_\_ \_\_
- 10 Are you still attending secondary school?  Yes  No

### Previous Qualifications Achieved

- 11 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

### Employment

- 12 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

### 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

## Enrolment Conditions

By signing the enrolment form, I accept the Term and Conditions of Enrolment as outlined on the Deaf Society website:  
[www.deafsocietynsw.org.au/courses/page/enrolment](http://www.deafsocietynsw.org.au/courses/page/enrolment)

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_