ENROLMENT FORM

Student Number (Office Use Only)
SGSCC Offers recognition of Prior Learning for all VETAB Courses

ENROLMENT CHECKLIST

1 Carefully read **'General information for Students'** on **Page 47** before you complete and send this Form

2 Enrol any of the following 5 ways:
Online – Visit **www.sgscc.edu.au**
By Mail – To **PO BOX 404, Jannali NSW 2226**
By Phone – Call **9528 3344**
By Fax – Fax to **9589 0517**
In Person – Enrol for any course at the centres and times listed on **Page 3**

3 If you have any questions, call us between 9am and 4pm, Monday to Friday on **9528 3344** OR email your query to **enquiries@sgscc.edu.au**

PLEASE PROVIDE ALL THE INFORMATION REQUIRED ON THIS FORM AND BE SURE THAT YOU SIGN IT WHERE INDICATED BELOW

Course Name	Course Code	Fee

Do you wish to become an SGSCC Member? If so, add $5.00 to the Enrolment Fee — SGSCC Membership $5.00 .....

Total Fee Payable .....

STUDENT INFORMATION

First Name ..... **Surname** .....

Address ..... **Suburb** ..... **Postcode** .....

Phone (Home) ..... (Work) ..... (Mobile) .....

Email ..... **Male** ☐ **Female** ☐ **Date of Birth** D ..... M ..... Y .....

CONCESSION INFORMATION / Please tick the appropriate box and attach Documentation (See Page 47)

Full Pension ☐ **Full Veterans Affairs Service Pension** ☐ **Seniors Card** ☐ **Documents Attached** ☐ **Documents Sighted** ☐

Do you consider that you have any disabilities? Yes ☐ **No** ☐ **Do you have any special needs? Yes** ☐ **No** ☐

Your information may be disclosed to the National Centre for Vocational Education Research (NCVER) and/or an agency authorised to undertake surveys for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. Information provided will be held securely and disposed of securely when no longer needed. You may access your personal information by contacting SGSCC on 9528 3344. Thank you for taking the time to answer these brief questions.

QUESTIONNAIRE

In which country were you born?
.....

What language do you normally speak at home?
.....

What is your residency status? (Funded courses only)
.....

Are you of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐

What is your highest COMPLETED school level?
Yr 12 ☐ Yr 11 ☐ Yr 10 ☐ Yr 9/lower ☐

In which year did you complete that level? .....

Your main reason for undertaking this course is to: (get a job, learn a new skill etc)
.....

Who are you employed by? .....

Is this course related to your work? Yes ☐ No ☐

Which of the following would best describe your current employment status?

- Full Time Employee ☐
- Part Time Employee ☐
- Self Employed ☐
- Employer ☐
- Employed – Unpaid worker in a family business ☐
- Seeking full time employment ☐
- Seeking part time employment ☐
- Not employed – not seeking employment ☐

Where did you see our ad/brochure or hear about us?
.....
.....

Have you SUCCESSFULLY completed any of the following qualifications?

- Bachelor or Higher Degree ☐
- Advanced Diploma or Associated Degree ☐
- Diploma (or Associate Diploma) ☐
- Certificate IV (or Adv. Certificate/Technician ☐
- Certificate III (or Trade Certificate) ☐
- Certificate II ☐
- Certificate I ☐
- Miscellaneous Education ☐

Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐ No ☐

Please Specify
.....
.....

I have been provided / or have had the information explained / or advised to access and read the following: Information on the SGSCC web page for Accredited Courses; Student Handbook (Fees and Refunds); terms in the Agreement to Pay form (if applicable) and General Information for Students section of the brochure. I have also been provided with the Qualification Framework and/or Units of Competency related to my accredited course. I agree with the terms and conditions.

Signature ..... **Date** .....

PAYMENT DETAILS / Please make Cheques and Money Orders Payable to SGSCC

I attach **Cheque/Money Order** for $ ..... OR, please debit my **Credit Card**

Mastercard ☐ **Visa** ☐ **Card Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **OR**

PLEASE NOTE: FOR SECURITY REASONS CASH IS NOT OUR PREFERRED PAYMENT FOR ENROLMENTS

Cardholder's Name ..... **Signature** ..... **Expiry Date** .....

Please Print Clearly