ENROLMENT FORM

150 King Street, Newcastle PO Box 1791 Newcastle 2300
Tel: (02) 4925 4200 Fax: (02) 4929 6845
email: enrolments@weahunter.com.au
ABN 61 062 580 634

One Enrolment Form Per Person (Form may be photocopied)

Mr/Mrs/Ms/Miss.....

SURNAME GIVEN NAMES Student Number: _____

ADDRESS.....

POSTCODE..... PHONE (H) .....(W) .....(M) .....

EMAIL ADDRESS ..... DOB ..... / ..... /19..... ❑ MALE ❑ FEMALE

Stud/Pension/Sen/Health Care **Card No** .....Pensioner ❑ / Unemployed ❑ / Senior ❑ / Fulltime Student ❑

I am happy to receive course information by email YES ❑ No ❑

Will you require student support services to complete your course, e.g. mentor support, special access? ❑ YES ❑ NO

How did you find out about WEA Hunter courses?

1. ❑ Phone Request/WEA Office 2. ❑ Newspaper 3. ❑ Mail 4. q Work 5. ❑ Website 6. ❑ Friends or Family 7. ❑ Brochure 7. ❑ Radio 8. ❑ TV

Course Name	**Code**	**Fee**

Credit Card Fee (APP) $ .....

WEA Hunter membership (optional - $5 or $20) $ .....

TOTAL FEE PAYABLE $ .....

PAID BY: Cash ❑ Cheque ❑ Money Order ❑

Mastercard ❑ Visa ❑

Payment Plan (long courses only) ❑

Cardholder's Name .....

Cardholder's Signature .....

Expiry Date ...../...../.....

Please read the following and sign below:

NO REFUNDS can be considered except when WEA Hunter cancels a course. Please choose your course carefully. Requests for transfer or credit will only be considered up to 5 working days before the course start date. I agree that information regarding disability/special needs may be given to the relevant tutor.

I have read and accept the refund, enrolment and payment plan (if applicable) conditions. **Signature** ..... **Date** ...../...../.....

To assist WEA Hunter in its course planning, and to obtain government funding, please complete the following:

Are you of Aboriginal/Torres Strait Islander origin? Yes ❑ No ❑ If YES, please indicate: Aboriginal ❑ TSI ❑ Both ❑

In what country were you born?.....

How well do you speak English? Very well ❑ Well ❑ Not well ❑ Not at all ❑

Do you speak a language other than English at home? Yes ❑ No ❑ Language spoken:

Do you have a permanent or significant disability or will you require special assistance or wheelchair access? Yes ❑ No ❑

If YES, please indicate: .....

What best describes your current employment status?

1. ❑ Full-Time 2. ❑ Part-time 3. ❑ Self-employed 4. ❑ Employer
5. ❑ Unpaid worker in family business 6. ❑ Seeking Full-Time Work
7. ❑ Seeking Part-Time Work 8. ❑ Not employed - not seeking employment

What is your highest COMPLETED school level?

1. ❑ Yr 12 or equivalent 2. ❑ Yr 11 or equivalent
1. ❑ Yr 10 or equivalent 2. ❑ Yr 9 or equivalent
1. ❑ Yr 8 or equivalent 2. ❑ Never attended school

Have you successfully completed any of the following?

1. ❑ Certificate I 2. ❑ Certificate II 3. ❑ Certificate III 4. ❑ Certificate IV 5. ❑ Diploma 6. ❑ Advanced Diploma
7. ❑ Degree/Postgraduate 8. ❑ Other

Study Reason Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprentiship?

(Tick ONE box only) 1. To get a job ❑ 2. To develop my existing business ❑ 3. To start my own business ❑ 4. To try for a different career ❑
5. To get a better job or promotion ❑ 6. It was a requirement of my job ❑ 7. I wanted extra skills for my job ❑
8. To get into another course of study ❑ 9. For personal interest or self-development ❑ 10. Other reasons ❑ .....

Office Use Only C P M F Checked..... Date ...../...../..... Processed..... Date ...../...../.....