

Course applying for							
Contact Details <i>Please use name as you wish it to appear on your certificate</i>							
Title <i>Please circle</i>		Mr / Mrs / Ms / Miss		Date of Birth			
First / Christian Name				Family Name / Surname			
Residential Address				Gender			
				Home Phone			
				Mobile			
				Email			
Emergency Contact Name				Home Phone			
Relationship				Mobile			
Are you of Aboriginal Origin?		Yes / No		Are you of Torres Strait Islander Origin?		Yes / No	
Country of Birth <i>If not Australia</i>				Language/s spoken at home			
Are you an Australian citizen?						Yes	No
Are you an Australian Permanent Resident (holder of permanent visa)?						Yes	No
Do you hold a Special Category Visa (sub-class 444, New Zealand citizen)?						Yes	No
Do you hold a Temporary Protection Visa?						Yes	No
Are you an East Timorese asylum seeker?						Yes	No
Where did you find out about his course?							
Friend	Employment Service Provider	Employer	Newspaper	bestchance Program	bestchance Program	Other website	Other
Reasons for choosing this course <i>Please circle ONE only</i>							
To get a job		To start my own business			To get a better job or promotion		
I wanted extra skills for my job		For personal interest or self development			To develop my existing business		
To try for a different career		It was a requirement for my job			To get into another course or study		
School / Training details <i>Please only indicate schooling and qualifications completed in Australia</i>							
Highest school level completed <i>Please circle</i>		Year 12	Year 11	Year 10	Year 9 (or lower)		
Please indicate the year you left high school							
Have you successfully completed any of the following qualifications in Australia? <i>If yes please tick all qualifications that apply</i>						Yes	No
Advanced Diploma or Associate Degree				Bachelor or Higher Degree			
Certificate I				Certificate II			
Certificate III				Certificate IV			
Diploma				Miscellaneous Education			
Do you have any difficulty with the English language? <i>(Reading, Writing, or Speech)</i>						Yes	No
How well do you speak English?		Very well	Well	Not well	Not at all		
Employment Status <i>Please circle one response only</i>							
Full Time Employee		Part Time Employee		Self Employed Not employing others		Employed Unpaid family worker	
Unemployed Seeking part time work		Unemployed Seeking full time work		Employer Employing others		Not Employed Not seeking employment	
Medical Conditions <i>We endeavour to provide support for students with additional needs. Failure to indicate a disability may hinder our ability to assist you, and may incur additional costs.</i>							
Do you have any of the following medical conditions? <i>Please indicate</i>						Yes	No
Acquired Brain Injury		Hearing		Intellectual		Learning	
Mental Illness		Physical		Vision		Other, please specify	

Signature and declaration

I DO / DO NOT give consent for photographs/recordings to be taken as part of my involvement with programs of **bestchance**. Types of publicity may include display boards, PowerPoint presentations, web pages or CD Rom, informational brochures/posters, video/audio, newsletters, newspaper articles or Annual Reports.

In case of emergency I authorise those in charge to take any steps they may consider necessary for my safety or well-being, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for all medical bills and expenses. I understand that I will be notified in advance with details of any proposed excursions.

I have read all the details of the student handbook, and understand my obligations during my time at **bestchance** Training.

In accordance with The Privacy Act, (2001) **bestchance** Training will not release any personal information about you to any third party without your expressed written permission.

bestchance Training is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact **bestchance** Training's Manager on 8562 5100 or training@bestchance.org.au

I acknowledge and agree to the terms described in this privacy statement

I hereby declare that the information provided in this application for enrolment form is complete and accurate.

Signature		Date	
Applicant Under 18 years			
Parent / Guardian Name		Parent / Guardian Signature	
Residential Address	Home Phone		
	Mobile		
	Date		

Courses fill quickly; please return this application form as soon as possible to avoid disappointment:
bestchance Training 583 Ferntree Gully Road, Glen Waverley, 3150 Fax: 8562 5111 Email: trainingadmin@bestchance.org.au

Office Use Only (Vettrak entries)		
Date Details Recorded	Date RPL and CT Recorded	Occurrence Code
bestchance Training Student ID	Victorian Student Number	Entered by Kerry Poyser (Signature)