



COFFS COAST COMMUNITY COLLEGE

ENROLMENT FORM

Course No	Course Name	Full Fee	Memb Disc	Total Fee
	Membership (if applicable)	5.50		
TOTAL				

Statistical Survey for Funding Purposes

I am aware of, and agree to, the information supplied by me being used by the NSW DET, ACE & NCVET for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. All information is treated in strict confidence.

In which country were you born?

Are you?

- Of Aboriginal Descent Neither Aboriginal or Torres Strait Islander
 Torres Strait Islander

Do you speak a language other than English at home?

- No, English Yes, please specify.....

IF YES, how well do you speak English?

- Very Well Not well
 Well Not at all

Do you have a permanent or significant disability?

- Yes No

If YES, please indicate and speak to the office staff if there is any way we can assist you during your time here

- Hearing/Deaf Intellectual
 Physical Learning
 Mental Illness Vision
 Medical Condition Unspecified
 Acquired Brain Impairment Other

What best describes your current employment?

- Full time Employee
 Part Time Employee
 Employer
 Employed-unpaid family worker
 Self Employed-not employing others
 Unemployed-seeking full time work
 Unemployed-seeking part time work
 Not Employed-Not Seeking work

What was your highest school level completed?

- Year 9 or less Year 11 Still at School
 Year 10 Year 12

In which year did you finish school?

Have you completed any of the following?

- Bachelor Degree or Higher Degree
 Advanced Dip or Associate Degree Level
 Diploma Level
 Certificate IV
 Certificate III
 Certificate II
 Certificate I
 Miscellaneous Education

Reason for Enrolling in this course:

- It was a requirement of my job
 To develop my existing business
 To get a better job or promotion
 To get into another course or study
 To start my own business
 To try for a different career
 For personal interest or self-development
 wanted extra skills for my job
 To get a job
 Other

First Name:.....Middle:.....Surname:.....

Sex: Male Female Date of Birth:/...../.....

Postal Address

.....Postcode.....

Email Address:

I would like to receive course information via email from Coffs Coast Community College

I give permission for: my photo to be used for promotional & marketing purposes by CCCC YES / NO
 my contacts details to be passed on to my teacher in case of course changes (or listed on class roll)
 Address: YES / NO Phone: YES / NO

Phone: (Home).....(Work).....

(Mobile)

HOW DID YOU FIND OUT ABOUT THIS COURSE? PLEASE TICK ONE

- Newspaper Lift Out Word of Mouth Radio
 Newspaper Ad TV Flyer Other

I have read and understand the Conditions of Enrolment (see reverse)

Student's SignatureDate:

Please tick method of payment.

MAIL ENROLMENTS: If you wish to pay by Credit Card, (Mastercard/Visa) please contact the office 9am - 4pm Mon-Fri.

- Cash Cheque
 Invoice EFTPOS
 Mastercard / Visa

OFFICE USE ONLY:

Receipt Number Amount Paid

2nd Receipt Amount Paid

Data Entered

Phone: 02 6652 5378

Fax: 02 6651 7183

Email: admin@ccaensw.edu.au

CITY SQUARE, Level 1

66-90 Harbour Drive

PO BOX 1930,

COFFS HARBOUR NSW 2450