



MELTON SOUTH COMMUNITY CENTRE INC



PLEASE CONTACT THE CENTRE TO CONFIRM
YOUR ENROLMENT. ALL FEES TO BE FINALISED
AT LEAST FIVE DAYS PRIOR TO COMMENCEMENT
DATE. EFTPOS OR CREDIT CARD NOT AVAILABLE

P.O Box 2010
26 Exford Road, Melton South, 3338
Phone: 9747 8576 Fax: 9747 0677
Email: mscctr@bigpond.net.au
Web Site: www.meltonsouth.org.au

COURSE DETAILS:

ENROLMENT FORM

VSN No:
MSCC No:

Title:	Start Date:	End Date:	Time:

STUDENT DETAILS:

Are You: Male Female

Ms/Miss/Mrs/Mr _____ Signature: _____

Address: _____

Suburb: _____ Postcode: _____ Email: _____

Telephone: (Home) _____ (Mobile) _____ (Business) _____

Emergency Contact: _____ Phone: _____

Date of Birth: _____ Country of Birth: _____

English Spoken at Home: Yes No If No, please specify language spoken: _____

How well is English spoken: Very Well Well Not Well Not at all

Are you Aboriginal or Torres Strait Islander Origin: No Yes, Aboriginal Yes, Torres Islander

Do you consider yourself to have a disability? Yes No Type of disability (Optional) _____

Your highest Completed school level: _____ Year: _____ Still attending Secondary School: Yes

Have you successfully completed any of the following: No Yes (please circle)

Bachelor Degree or higher Advanced Diploma or Associate Degree Diploma or Associate Diploma Certificate 1
Certificate 11 Certificate 111 Certificate IV (or Advanced Certificate Technician) Certificates other than above

Study Reason: (Please circle) (01) To get a job (02) To develop my existing business (03) To start my own business
(04) To try for a different career (05) To get a better job or promotion (06) Job requirement (07) Extra Skills
(08) To get into another course or study (11) other reasons (12) Personal interest or self development

Which of the following best describes you?

Full Time Employee Part Time Employee Employer Self Employed Unpaid family Worker
Unemployed (seeking part time work) Unemployed (seeking full time work) Not seeking work

Pension/Concession

Card Type:

No:

This information is for statistical purposes to help us help you when participating in our classes. You do not have to fill out this information, but your assistance is appreciated. (INFORMATION IS KEPT PRIVATE & CONFIDENTIAL)

CHILDCARE DETAILS:

Do you require child minding? Yes No

Name of Child/Children _____ Age: _____

_____ Age: _____

PAYMENT DETAILS:

CLASS FEE: \$	Deposit Paid: \$	Receipt No:
CONCESSION: \$	Deposit Paid: \$	Receipt No:
GST: \$	Deposit Paid: \$	Receipt No:
TOTAL FEE: \$	BALANCE PAID: \$	Receipt No: