



# Kallista Community House

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## OFFICE USE ONLY

PMT METHOD .....  
RECEIPT NO.....  
VETTRAK ID.....

# ENROLMENT FORM

Please read the form carefully and complete all relevant sections in BLOCK LETTERS.

COURSE NAME

START DATE  /  /  END DATE  /  /

## PERSONAL DETAILS

SURNAME  GIVEN NAME

GENDER  Female  Male DATE OF BIRTH  /  /

HOME PHONE  WORK  MOBILE

EMAIL

STREET ADDRESS

SUBURB  POSTCODE

## CONCESSION TYPES

Evidence of Benefit must be shown – Please attach photocopy of concession card.  
 Health Care Concession Card  Pensioner Concession Card  Other, please specify (must be approved by House Manager):  
 Seniors Card  War Veterans/Widows Concession Card  
Benefits Card number  Expiry Date  /  /

## ABOUT YOU

Are you of Aboriginal or Torres Strait Islander origin?  
 NO  
 YES, ABORIGINAL  
 YES, TORRES STRAIT ISLANDER  
 YES, BOTH

In which country were you born?  
 AUSTRALIA  
 OTHER (Please specify)   
Do you speak a language other than English at home?  
 NO, ENGLISH ONLY  
 YES, OTHER (Please specify)   
If other, how well do you speak English?  
 VERY WELL  WELL  NOT WELL  NOT AT ALL

FORM CONTINUES OVER PAGE ...

**Are you still attending secondary school?**     NO     YES  
 Your highest COMPLETED school level?    Y7    Y8    Y9    Y10    Y11    Y12  
 Which YEAR did you complete that school level?   

**Other education?**     NO     YES    (Please specify below, you may indicate more than one)  
 Certificate I     Advanced Diploma or Associate Degree  
 Certificate II     Bachelor Degree or Higher  
 Certificate III (or Trade Certificate)     Diploma (or Associate Diploma)  
 Certificate IV (OR Advanced Certificate/Technician)     Formal Education other than listed

**Employment Status** Please tick one)  
 FULL-TIME EMPLOYEE     PART-TIME EMPLOYEE     EMPLOYED – Unpaid worker in a family business  
 EMPLOYER     SELF EMPLOYED – Not employing others     UNEMPLOYED – Seeking full time work  
 UNEMPLOYED – Seeking part time work     NOT EMPLOYED – Not seeking employment

**Do you have a disability?**     NO     YES    (Please specify below – you may indicate more than one)  
 MEDICAL CONDITION     LEARNING     MENTAL ILLNESS     ACQUIRED BRAIN IMPAIRMENT  
 HEARING/DEAF     VISION     INTELLECTUAL     PHYSICAL  
 OTHER (please specify):

## AGREEMENT & DECLARATION

Information collected on this form is intended for training and administration purposes only. The information will be handled confidentially in accordance with the Privacy Act (2000). Kallista Community House is required, under its national reporting obligations, to supply non identified information gathered on this form to State or Federal government agencies for research, statistical analysis, program evaluation and post completion surveys. By signing this form, and attesting to the validity of the information supplied, you are agreeing to the supply of information for these stated purposes.

### Refund & Cancellation Policy

Kallista Community House is a not for profit organisation and late withdrawals from classes can result in the class becoming financially unviable. In order to guarantee your course placement, both your **enrolment form** and **full payment** must be received **7 days prior** to commencement of your course. *Tutors cannot accept payments – all monies must be paid directly to Kallista Community House.*

- Refunds will be given to cancellations or withdrawals made more than 48 hours prior to the commencement of the course, minus a \$10 administration fee.
- No refund will be given to cancellations or withdrawals less than 48 hours prior to the commencement of the course.
- No refunds will be given after a course has commenced.

I agree to terms above and certify that the details on this form are correct.

Signature     Date

## PAYMENT METHODS (please tick)

- Cheque / Money Order** made payable to Kallista Community House – Cheque payment must accompany enrolment.
- Direct Credit / Internet Banking Transfer**  
Commonwealth Bank **BSB: 063 503 Account: 0090 2245** – Indicate Date / Ref
- Cash in person** – *Please note we do not have EFTPOS or credit card facilities.*

**PLEASE NOTE: KALLISTA COMMUNITY HOUSE DOES NOT OPERATE ON DAYS OF TOTAL FIRE BAN**