

CREDIT CARD ONLY ENROLMENT:

- Call the College 9793 8155 Mon-Fri 8:00am-5:00pm
- By facsimile: 9793 8604
- By e-mail: info@bankstowncc.com.au
- Online: www.bankstowncc.com.au

EFTPOS, MONEY ORDER & CREDIT CARD

In person: Level 1, 457 Chapel Road, Bankstown
8:00am-5:00pm weekdays

BY MAIL

BCC, PO BOX 3004, Bankstown Square NSW 2200

The information you supply may be used to compile reports and statistics, your confidentiality will be maintained.

Course Code	Day	Course Name	Fee	
Total Fees Payable				

Previous student of this College (circle) YES / NO

First Name _____ Family Name _____

Address _____ Suburb _____ Postcode _____

Phone (H) _____ (W) _____ Mobile _____

Email _____

Date of Birth ____ / ____ / _____ Male Female

Upon enrolment you will receive a copy of the College's Privacy Statement.

Note: You are accepted into the course unless otherwise notified. PLEASE TURN UP FOR YOUR CLASS.

PAYMENT DETAILS Make Cheques and Money Orders payable to Bankstown Community College Cheque Payment

Or debit my credit card: Mastercard Visa Card Number _____

Cardholder's Name _____ Signature _____ Expiry Date ____ / ____

PLEASE PRINT CLEARLY

QUESTIONNAIRE

In which country were you born?

Australia Other _____

Are you (please tick): Australian Citizen

Permanent Resident Overseas Visitor

Do you speak a language other than English at home?

No

Yes (specify) _____

If yes, please specify how well you speak English:

Very well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal

Torres Strait Islander

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

Hearing/Deaf Physical

Intellectual Learning

Mental Illness Acquired Brain Injury

Vision Impairment Medical Condition

Other

What is your highest COMPLETED school level?

Year 12 Year 11

Year 10 Year 9 or equivalent

Which year did you complete that school level?

Are you still attending high school? Yes No

Have you successfully completed any of the following qualifications? Tick one or more.

Bachelor or Higher Degree

Advanced Diploma or Associate Degree

Diploma or Associate Diploma

Certificate IV or Technician

Certificate III or Trade

Certificate II

Certificate I

Certificates other than above _____

Of the following categories, which BEST describes your current employment status?

Full Time employee

Part Time employee

Self Employed - not employing others

Employer

Unpaid Employee - in family business or career

Unemployed - seeking full time work

Unemployed - seeking part time work

Not employed - not seeking employment

How did you receive your brochure?

BCC website

Internet

Community Venue

Newspaper Insert

From previous class

Family/Friend

Employment Agent

OFFICE USE ENROL ID

DATE

RECEIPT NO.

PRIVACY STATEMENT

The College never releases your private information to external companies or to any marketing/advertising providers.

The College may use information supplied by you on your enrolment form for internal (BCC-only) statistical analysis, programme evaluation, and/or for internal management purposes. The College may make this information available to appropriate Government authorities as required by VETAB for audit purposes under the provisions of the Australian Quality Training Framework, or by the NSW Board of Adult Education. The College will respect your privacy and keep your personal information confidential except for the abovementioned purposes.

The College will take all reasonable steps to secure your personal information.

Electronic information is protected by various security measures and access to information and databases is restricted, by login and password protection as well as physical security measures, to staff and officers of Bankstown Community College only.

CONSENT FORM

I understand that the College may use information supplied by me on my enrolment form for internal (BCC-only) statistical analysis, programme evaluation, and/or for internal management purposes. I understand that the College may make this information available to appropriate Government authorities as required by VETAB for audit purposes under the provisions of the Australian Quality Training Framework, or by the NSW Board of Adult Education. I understand that the College will respect my privacy and will keep my personal information confidential except for the abovementioned purposes.

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I hereby give permission for the College to use my personal information for the above purposes only.

Name of student: _____

Signature: _____

Residency status (circle one): Citizen / Permanent / Non-Permanent