E N R O L M E N T   F O R M

CREDIT CARD ONLY ENROLMENT:

- Go to www.bankstowncc.com.au & click HOW TO ENROL link
- Call the College 9793 8155 Mon–Fri 8:00am–5:00pm
- By facsimile: 9793 8604
- By e-mail: spelua@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   Term ______________________ Year __________

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?

☐ Library ☐ Newspaper Insert ☐ Letter Box
☐ Community Venue ☐ From previous class ☐ Other

OFFICE USE ENROL ID   **RECEIPT NO.**

BCC
BANKSTOWN COMMUNITY COLLEGE INC.

Copies of the College Brochure are available in branches of the Bankstown and Canterbury Libraries.
Please photocopy this enrolment form if required.