

Auslan Only Weekend - Enrolment form



Personal details

First name: _____ Last name: _____

Home address: _____

Suburb: _____ Postcode: _____

We may need to contact you about this enrolment. What are the best numbers/email address to contact you during business hours?

Phone: _____ Email: _____

Do you have a disability or medical condition that we need to be aware of? This information will be treated in the strictest confidence and given to your trainer in case of an emergency. Please state the nature of your disability or medical condition:

Are you deaf or hard of hearing?: YES NO

I am an Australian Citizen or Permanent Resident: YES NO - *if NO, please contact Deaf Education Network*

Auslan Only Weekend details

Auslan Only Weekend: AOW 2 AOW 3 AOW 4 (tick one box only)

Cost: \$430 (\$400 for early bird)

Course code (if known): _____

Date: _____ **Price: \$** _____

Payment details

I am paying by: VISA MASTERCARD CASH MONEY ORDER* CHEQUE*

**make payable to The Deaf Society of NSW*

For Credit Card payments:

Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Cardholder's Name: _____ Signature: _____

How did you find out about this course?

Website Deaf Society of NSW Another DSNSW course From a deaf organisation / association
 Another college Previous Student Media (radio/television) Other: _____

Photographs

I give permission for my photo to be taken during classes or at Deaf Society events and approve for these images to be used for Deaf Society marketing purposes. Yes No

Enrolment Conditions

I accept the Conditions of Enrolment as outlined on The Deaf Society of NSW website:
www.deafsocietynsw.org.au/courses/page/enrolment

Signature: _____ Date: ____ / ____ / ____

Statistical details

The Federal Government requires all colleges to collect the following statistics to help with their educational planning. Information provided will be treated in the strictest confidence.

Personal Details

- 1 Enter your birth date: __ / __ / ____ (DD/MM/YYYY)
- 2 SEX - tick *ONE* box only Female Male

Language and Cultural Diversity

- 3 Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "YES" boxes)
- No Yes, Aboriginal Yes, Torres Strait Islander

- 4 In which country were you born?
- Australia Other - please specify:

- 5 Town/City of Birth *(please write the name of town or city you were born)*

- 6 Do you use a language other than English at home?
(If more than one language, indicate the one that is used most often)

- No, English only *(go to Question 7)*
- Yes, Auslan *(go to Question 7)*
- Yes, other - please specify:

- 7 How well do you speak English?
- Very well Well
- Not well Not at all

Disability

- 8 Do you consider yourself to have a disability, impairment or long-term condition?
- Yes No *(go to Question 8)*

If YES, then please indicate the areas of disability, impairment or long-term condition. *(You may indicate more than one area)*

- hearing / deaf learning
- physical mental illness
- intellectual acquired brain impairment
- vision medical condition
- other *(please specify):* _____

Schooling

- 9 What is your highest completed school level? *(Tick ONE box only)*
- Year 12 Year 11
- Year 10 Year 9
- Year 8 or lower Never attended school

- 10 In which year did you complete your highest school level? _ _ _ _
- 11 Are you still attending secondary school? Yes No

Previous Qualifications Achieved

- 12 Have you successfully completed any of the following qualifications?
- Yes *(you may indicate more than one)* No *(go to Question 10)*
- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate / Technician)
- Certificate III or Trade Certificate
- Certificate II
- Certificate I
- Certificates other than above

Employment

- 13 Of the following categories, which best describes your current employment status? *(Tick ONE box only)*
- full-time employee
- employed - unpaid worker in a family business
- part-time employee
- unemployed - seeking full-time work
- self employed - not employing others
- unemployed - seeking part-time work
- employer
- not employed - not seeking employment

Study Reason

- 14 Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? *(Tick ONE box only)*
- to get a job
- to develop my existing business
- to start my own business
- to try for a different career
- to get a better job or promotion
- it was a requirement of my job
- I wanted extra skills for my job
- to get into another course of study
- for personal interest or self-development
- other reasons

Privacy Statement

The information you have provided in this application form will be used by the NSW Department of Education and Communities for the purposes of general student administration, planning and communication. All application information is considered private and confidential and will be held securely.

Declaration

The information I have given in this form is correct and I consent to The Deaf Society obtaining personal information to complete or verify my application.

Print Name: _____ Signature and date: _____