



# Murray College of Health Education P/L

## COURSE ENROLMENT FORM

### COURSE INFORMATION

COURSE NAME \_\_\_\_\_

COURSE LOCATION \_\_\_\_\_

COURSE DATE / S \_\_\_\_\_

### PERSONAL DETAILS

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

INITIAL \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

PHONE BH \_\_\_\_\_ AH \_\_\_\_\_ EMAIL \_\_\_\_\_

### EMPLOYMENT DETAILS (FOR STATISTICAL PURPOSES ONLY)

PLEASE CIRCLE

PLEASE INDICATE WHICH OF THESE BEST DESCRIBES YOUR EMPLOYMENT STATUS:

FULL TIME

PART TIME

CASUAL

SELF EMPLOYED

UNEMPLOYED -  
SEEKING PART TIME WORK

UNEMPLOYED -  
SEEKING FULL TIME WORK

### ENTHICITY (FOR STATISTICAL PURPOSES ONLY)

PLEASE CIRCLE

WERE YOU BORN IN AUSTRALIA? YES NO

IN NO, WHICH COUNTRY WERE YOU BORN IN? \_\_\_\_\_

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? YES NO

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? YES NO

PLEASE TURN OVER



EDUCATIONAL INFORMATION  
PLEASE CIRCLE

YEAR 9 OR LOWER

YEAR 10

YEAR 11

YEAR 12 (VCE)

WHICH YEAR WAS THIS COMPLETED? \_\_\_\_\_

SINCE LEAVING SECONDARY EDUCATION, HAVE YOU COMPLETED ANY OF THE FOLLOWING?

TRADE CERTIFICATE

ADVANCED / TECHNICIAN CERTIFICATE

OTHER CERTIFICATE

ASSOCIATED DIPLOMA

DEGREE / POST GRADUATE

OTHER ACHIEVEMENT

NAME OF COURSE \_\_\_\_\_

YEAR COMPLETED \_\_\_\_\_ NOT COMPLETED \_\_\_\_\_

NAME OF COURSE \_\_\_\_\_

YEAR COMPLETED \_\_\_\_\_ NOT COMPLETED \_\_\_\_\_

DISABILITY (TO ENABLE US TO PROVIDE APPROPRIATE SUPPORT MATERIAL FOR YOUR COURSE)  
PLEASE CIRCLE

DO YOU CONSIDER YOURSELF TO HAVE A PERMANENT / SIGNIFICANT DISABILITY?      YES                  NO

IF YES, PLEASE INDICATE ANY AREA OF DISABILITY WHICH IS APPLICABLE TO YOU:

VISUAL / SIGHT

HEARING

PHYSICAL

INTELLECTUAL

CHRONIC PAIN

OTHER

PLEASE DETAIL ANY ASSISTANCE THAT YOU MAY REQUIRE FROM US IN REGARD TO YOUR DISABILITY:

\_\_\_\_\_

PLEASE MAKE A BRIEF STATEMENT ON WHY YOU WISH TO STUDY THIS PARTICULAR COURSE:

\_\_\_\_\_

\_\_\_\_\_

PAYMENT POLICY

· Please contact our Program Coordinator to secure your enrolment by deposit payment. If you do not attend the course, an administration fee will be deducted before your initial deposit is returned to you.

· If you have any queries regarding either this enrolment form, the course you are applying for, or any other service of Murray College of Health Education; please contact the Program Coordinator on 03 5482 5107.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_