If undeliverable, please return to:
72 Bathurst Street, Sydney NSW 2000

wea SYDNEY

Enrolment form

Workers' Educational Association Sydney
ABN 82 062 929 908 RTO No: 90194

Please forward with fee to: **WEA Sydney, 72 Bathurst St, Sydney NSW 2000**
or fax to: **(02) 9267 6988**

Student details

The information requested on this form is required by the Federal Government, and complies with the National Vocational Education and Training Regulator Act 2011 for accredited training. It may be used to compile and report statistics, assist with research and evaluation of programs and to improve education or training services. The confidentiality of the information you supply will always be maintained.

Ms/Mrs/Mr/Dr Date of birth (D/M/Y): / / ☐ Male ☐ Female

Surname: First name:

Address:

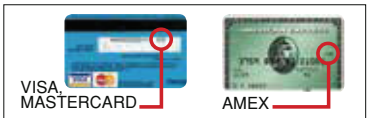
Postcode: Email:

Mobile phone: Home phone:

Course title	Course time	Fee
1.		
2.		
3.		
	Priority enrolment by phone $3 (non-refundable)	
	Support WEA – Gift / Bequest (gifts over $2 are tax-deductible)	
	Support WEA (1 year membership $20 or 3 year membership $50)	
	TOTAL	

Method of Payment

☐ Cash ☐ Cheque ☐ Money order
☐ Visa ☐ Mastercard ☐ American Express



Card No: | | | | | | | | | | | | | | | | |

Security/CVV No:

Expiry Date: / Name of Cardholder:

☐ **(please tick) In lodging this enrolment I confirm acceptance of WEA's terms and conditions of enrolment.**

Concessions (if applicable)

Tick the appropriate concession(s) and enclose documentation on relevant concession card:

☐ Aged Pension ☐ Seniors Card ☐ Full-time Student ☐ Unemployed ☐ Sole Parent ☐ Disability

Concession Card Number: ☐ Documentation Sighted ☐ Enclosed

Other Concession Type: Card Number:

Additional student details

☐ I would like to apply for RPL. My USI is:

Why are you enrolling in your course(s)? ☐ Get job ☐ Develop existing business ☐ Start own business
☐ Try different career ☐ Get better job/promotion ☐ Requirement of job ☐ Extra job skills
☐ Another course of study ☐ Personal interest/self-development ☐ Other:

In which country were you born? ☐ Australia ☐ Other – please specify:

Do you speak a language other than English at home? ☐ No ☐ Yes – please specify:

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

Are you of Aboriginal or Torres Strait Islander origin?
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes.)

Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No
If YES then please indicate the area(s) of disability below: *(you may indicate more than one area)*
☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental Illness
☐ Acquired Brain Impairment ☐ Vision ☐ Medical Condition ☐ Other:

What is your highest COMPLETED school level? *(Please tick one box)*
☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 or lower
In which year did you complete that school level?

Are you still attending secondary school? *(Tick one box)* ☐ Yes ☐ No

Which (if any) of the following qualifications have you SUCCESSFULLY completed?
☐ Bachelor or higher Degree ☐ Advanced Diploma or Associate Degree
☐ Diploma/Associate Diploma ☐ Certificate IV or Advanced Certificate/Technical
☐ Certificate III (or Trade Certification) ☐ Certificate II
☐ Certificate I ☐ Certificates other than the above

Which of the following best describes your current employment status?
☐ Full time employee ☐ Self employed ☐ Unpaid worker in family business
☐ Part time employee ☐ Employer ☐ Unemployed seeking full time work
☐ Unemployed seeking part time work ☐ NOT employed, not seeking full time work

Are your address details correct?
If not, telephone (02) 9264 2781

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