

ENROLMENT FORM FOR ACE NORTH COAST INC. (07) 5524 8884

Office use only

CLASS ID	CLASS NAME	DAY	START DATE	COST (\$)	RECT. No.

Recipients of Government benefits can receive a \$5.00 concession on most classes over \$50.00

CONCESSION (If applicable)

TOTAL AMOUNT DUE \$

FIRST NAME _____ LAST NAME _____ SEX _____

POSTAL ADDRESS _____ TOWN / CITY _____ POSTCODE _____

HOME ADDRESS (If the same as above please tick here)

HOME PHONE _____ DAYTIME PHONE _____ FAX NUMBER _____

IT IS ESSENTIAL TO FILL IN A DAYTIME CONTACT NUMBER IN CASE A COURSE IS CANCELLED OR ALTERED
FEES WILL BE REFUNDED ONLY IF A COURSE IS CANCELLED

SURVEY INFORMATION

To assist with ACE planning throughout Australia, Colleges have been asked to collect statistical data. We thank you for your assistance in completing the following questionnaire. All information provided to Adult Community Education (ACE) is covered by a privacy charter.

Have you previously enrolled in an Adult Community Education Course? YES NO

In what country were you born? _____ Are you of Aboriginal or Torres Strait Islander descent? YES NO

Date of birth _____ What language do you speak at home? _____

What best describes your current employment?

- Full Time Unpaid Family Work Not seeking work Student/Trainee
 Part Time/Casual Seeking Full Time work Self Employed
 Retired Seeking Part Time work Employer

What is your highest education level obtained?

- Year 10 or equivalent HSC or equivalent Tertiary Post Graduate
 Other (Please state) _____

Do you have a permanent or significant disability for which you require special assistance or wheelchair access?

Yes No If yes, please explain _____

CONCESSION DETAILS:

Pensioner Card Number _____ Full Time Student Student at: _____
 HealthCare Card Card Number _____ Special Type: _____

CREDIT CARD PAYMENTS:

Mastercard Bankcard Visa Card Holders Name: _____

Card Number: _____ Expiry Date _____ Card Holders Signature (Signature authorises payment of all classes listed)

CHEQUE PAYMENTS

Drawer's Name _____
 Bank _____ Branch _____ Total amt of Chq. _____

OFFICE USE ONLY

CASH _____ CASH _____
 CHEQUE _____ CHEQUE _____
 CREDIT CARD _____ CREDIT CARD _____
 EFTPOS _____ EFTPOS _____
 DATE _____ DATE _____

NOTES: