

ENROLMENT FORM – SUBSIDISED WORKSHOPS*

Please complete this form and return to admin@byroncollege.org.au or drop it in at a Byron Community College office in Byron Bay or Mullumbimby. **Payment is required at time of booking.**

| | | | |
|--------------|---|--|--|
| Workshop : | Finance, Funding and Workplace KPI's | Attending: Cost (Office use only) | <input type="checkbox"/> Subsidised* - \$20 (TSSB) <input type="checkbox"/> Subsidised* - \$50 (CSO) <input type="checkbox"/> Full Fee - \$150 |
| Date: At: | Wednesday 7 th November 2018, 5pm – 7.30pm Byron Community College, Cnr Burringbar and Gordon Sts, Mullumbimby, NSW 2482 | | |

This course will also include the additional support unit FSKNUM14 Calculate with whole numbers and familiar fractions, decimals and percentages for work.

* Subsidised Course details

This training is subsidised under the NSW Government's Tech Savvy Small Business program (TSSB), part of Smart and Skilled funding, and aims to support small business owners and their staff by providing fully subsidised training in targeted courses. See below for details.

To be eligible for the subsidised pricing students need to complete this form and be able to tick yes in PART A and or B below.

| Personal details | | | |
|---|--|--|--------|
| First Name: | | Surname: | |
| Street/Lot number: | | | |
| Suburb/Town: | | State: | P/code |
| Mobile phone: | | Home phone: | |
| Email address: | | Date of birth: | |
| USI (Unique Student Identifier)** | | | |
| <p>**A unique student identifier (USI) is mandatory for all students doing nationally recognised training, including this course! Go to www.usi.gov.au to create your USI. It will only take a few minutes to complete. All students are required to supply a USI number to enrol in this course</p> | | | |
| PART A *I confirm that all of the below apply to me: <ul style="list-style-type: none"> Am an Australian Citizen, permanent resident or humanitarian visa holder, or a New Zealand citizen and Am aged 15 years or older, and Live or work in NSW, and Am no longer at school or equivalent | | <input type="checkbox"/> No – Your course fee is \$150 <input type="checkbox"/> Yes – Continue to PART B below for course fee | |
| PART B *I confirm that I own, or am employed by, a small business. <ul style="list-style-type: none"> A small business is defined as a business with 20 employees or less, OR An annual turnover of less than \$2,000,000 | | <input type="checkbox"/> No - Your course fee is \$50 <input type="checkbox"/> Yes - Your course fee is \$20 | |
| Company Name: | | ABN | |
| <p>I declare that all the information I have provided is true and correct: I understand that I may be asked to provide documentary evidence.</p> <p style="text-align: center;">Signature: _____ Date: _____</p> | | | |

| | | | | | | |
|--|--|--|--|--------------|--------------------------------------|------------------------------------|
| Payment Details - Please tick and complete one option below. | | | | | | |
| Call Byron Community College if you would like to pay for your enrolment over the phone. 02 6684 3374 | | | | | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Payment | | | | | | |
| Credit Card No: | | | | | <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa Card |
| Name on Card: | | | | Expiry Date: | CVC: | |
| Signature: _____ | | | | | Date: _____ | |

| | | | | | | |
|---|--|---|--|-------------------------------------|--|--|
| General Information | | | | | | |
| How did you find out about this course? | <input type="checkbox"/> Sourdough Newsletter <input type="checkbox"/> Brochure in Echo <input type="checkbox"/> Brochure in other location <input type="checkbox"/> Office Mullumbimby <input type="checkbox"/> Office Byron Bay <input type="checkbox"/> BCC Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Echo ad <input type="checkbox"/> Byron Shire News ad <input type="checkbox"/> Northern Star ad <input type="checkbox"/> Word of mouth <input type="checkbox"/> Radio ad <input type="checkbox"/> | | | | | |
| Study Reason | | | | | | |
| Which best describes your study purpose? | <input type="checkbox"/> Work <input type="checkbox"/> Further study <input type="checkbox"/> Personal interest <input type="checkbox"/> Change career <input type="checkbox"/> Other | | | | | |
| Language and cultural identity | | | | | | |
| Country of Birth | | Are you an Australian resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and TSI <input type="checkbox"/> Neither | | | | | |
| What language do you usually speak at home? | <input type="checkbox"/> English | <input type="checkbox"/> Other (<i>specify</i>) | | | | |
| How well do you speak English? | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all | | |
| Prior education | | | | | | |
| What is your highest <i>completed</i> school level? (or nearest equivalent) | <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower Year achieved: _____ | | | | | |
| Have you completed any higher education? | <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associated Degree <input type="checkbox"/> Diploma or Associated Diploma <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) | | | | | |
| Employment status | | | | | | |
| Which of the following describes your employment status? | <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employer <input type="checkbox"/> Self-employed, not employing others <input type="checkbox"/> Unpaid worker in a family business | | | | | |
| Disability | | | | | | |
| Do you have a disability, impairment or long-term condition? | <input type="checkbox"/> Physical | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Medical condition | | | |
| If yes, please indicate the nature of the disability: | <input type="checkbox"/> Learning | <input type="checkbox"/> Hearing/deafness | <input type="checkbox"/> Acquired brain injury | | | |
| | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Other | | | |

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF INDUSTRY AND OTHER GOVERNMENT AGENCIES

I understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information, (including my ethnicity or health information) (together **Personal Information**) collected by Byron Community College may be disclosed to the Department of Industry, Skills and Regional Development (**Department**) and the National Centre for Vocational Education Research Ltd (NCVER). The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with Byron Community College for the purposes of evaluating and assessing my training.

Full Name (Print): _____

Signature: _____ Date: _____

If under 18 years of age at the time of giving consent, then the consent of their guardian is required

Full Name (Print): _____

Signature: _____ Date: _____