

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 2	Building Your Online Presence	Attending	<input type="checkbox"/> Yes
Date	Thursday 10 May 2018, 11am – 2pm	Cost	<input type="checkbox"/> *Subsidised - \$50 (TSSB)
At	Elements of Byron , 144 Bayshore Dr, Byron Bay NSW 2481	(tick one)	<input type="checkbox"/> Full Fee - \$250

This course will also include an additional support unit FSKLRG05 – Use strategies to plan simple workplace tasks

Workshop 3	Create Compelling Content to Build the Right Audience	Attending	<input type="checkbox"/> Yes
Date	Tuesday 26 June 2018, 11am – 2pm	Cost	<input type="checkbox"/> *Subsidised - \$50 (TSSB)
At	Elements of Byron , 144 Bayshore Dr, Byron Bay NSW 2481	(tick one)	<input type="checkbox"/> Full Fee - \$250

This course will also include an additional support unit FSKWTG03 - Write basic workplace information

Please advise us of any dietary requirements you have: _____

* Subsidised Course details

This training is subsidised under the NSW Government's Tech Savvy Small Business program, 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 should complete this form and be able to tick yes in both boxes 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)			

**A unique student identifier (USI) is required for all students doing nationally recognised training, including this course! If you need to create a USI go to www.usi.gov.au. It should only take a few minutes to complete.

*I confirm that all of the below apply to me:

- 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

Yes No

I confirm that I own, or am employed by, a small business.

- A small business is defined as a business with 20 employees or less, OR
- An annual turnover of less than \$2,000,000

Yes No

Company Name:

ABN

I declare that all the information I have provided is true and correct: I understand that I may be asked to provide documentary evidence.

Signature: _____

Date: _____

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	
Are you an Australian resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Country of Birth: _____
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?	
If yes, please indicate the nature of the disability:	<input type="checkbox"/> Physical <input type="checkbox"/> Visual impairment <input type="checkbox"/> Medical condition <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: _____