Please complete all the details on this form in ink. Please use capital letters or printing only. If you are unable to supply the information immediately, send in the form and bring the required information to the first day of class.

<table>
<thead>
<tr>
<th>Mr / Mrs / Ms (circle one) Surname</th>
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<tbody>
<tr>
<td>Given Names</td>
<td></td>
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<tr>
<td>Residential Address</td>
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<tr>
<td>Postal Address</td>
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<tr>
<td>Phone Numbers (HM/WK/MOB)</td>
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<tr>
<td>Email</td>
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<tr>
<th>Male</th>
<th>Female (circle one)</th>
<th>Date of Birth</th>
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<tr>
<th>Course Enrolling In</th>
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<tr>
<th>Commencement Date of Course</th>
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<tr>
<th>Conclusion Date of Course</th>
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</table>

Citizenship (please mark one box)

- Australian Citizen [ ]
- New Zealand Citizen [ ]
- Australian Permanent Resident [ ]

Cultural Background

- Were you born in Australia? YES [ ] NO [ ]
- If no, which country were you born? ____________________________
- Are you of Aboriginal &/or Torres Strait Islander Origin? YES [ ] NO [ ]

Language

- Which language do you mainly speak at home?
  - English [ ]
  - Other, please specify ____________________________

Version 7 July 2014
Date Created August 2009
Disability

Do you have a disability, impairment or long term medical condition which may affect your studies?

Yes ☐ No ☐

If yes, please indicate your disability, impairment or long term medical condition by placing a tick in the

Back injury ☐ Mobility Impairment ☐
Impaired function of Arms/Hands ☐ Other, (please specify) ______________________
Impaired hearing - Deaf ☐ Neurological Condition ☐
Impaired hearing - hard of hearing ☐ Psychiatric ☐
Long term medical condition ☐ Speech impairment ☐
Impaired vision - low vision ☐ Other, (please specify) ______________________
Learning Disability ☐ ______________________
None ☐

Would you like to receive advice on support services, equipment and facilities which may assist?  Yes ☐ No ☐

Schooling

What is the highest COMPLETED school level? ☐

In what year did you complete this level _____/_____/_____

Year 12 Yes ☐ Year 10 ☐

Are you still attending secondary school. Yes ☐ Grade __

Year 11 Yes ☐ Year 9 or lower ☐

If yes, provide name of school __________________________________________________

Employment Status – please circle

Full time employee ☐ Part time employee ☐ Self employed – not employing others ☐ Employer
Employed – unpaid worker in family business ☐ Unemployed – seeking full time work
Unemployed – seeking part time work ☐ Not employed – not seeking employment

Prior Achievement

Since leaving school have you COMPLETED any qualification? YES ☐ NO ☐

If Yes please circle.

Not stated ☐ Certificate IV
Bachelor Degree or higher degree ☐ Certificate III
Advanced Diploma ☐ Certificate II
Associate Degree ☐ Certificate I
Diploma level ☐ Miscellaneous Education

Student Information

The information I have provided is true and correct to the best of my knowledge and I agree to abide by the policies of Joan Lawman College while a course/unit participant with the Joan Lawman College.

Signed: _____________________________ Date: _____/_____/_____

Print Name: ____________________________

OFFICE USE ONLY

Course/Unit Code

Payment Date(s)

FEE

PAYMENT DETAILS

Version 7 July 2014

Date Created August 2009