



KNOXBROOKE INCORPORATED

Providing quality services for adults with intellectual and other disabilities
Knoxcare Limited ACN 068 554 076 ABN 73 068 554 076
136 York Rd, Mt. Evelyn, VIC 3796.
Telephone: (03) 9737 0400 Facsimile: (03) 9737 0500
Email: yvn@knoxbrooke.com.au

ENROLMENT FORM

Course Title: _____
Course Code: _____
Term/Year: _____
Name: _____
Address: _____
_____ Postcode: _____
Home Phone: _____ Mobile Phone: _____
Email
address: _____

Privacy Statement

The following information is required as a condition of our running this course. It is held confidentially by Knoxbrooke, individuals are not identified when the data is used for national statistical purposes.

Are you an Aboriginal or Torres Strait Islander? Yes No
Date of Birth: ___/___/___ Gender: Male Female

Language spoken at home

How well do you consider you speak English
Very Well Well Not Very Well Not at all

Previous highest level of education completed (e.g. VCE/cert 3) _____

Employment category (please tick appropriate box)

Full time employee

Part time employee

Self employed

Employer

Unpaid family worker

Unemployed – seeking full time work

Unemployed – seeking part time work

Unemployed – not seeking employment

Reason for studying

Do you have a disability or special needs? Yes No Details: _____

Emergency contact person: _____ Phone: _____

Student Signature: _____ Date: ___/___/___

For Office Use Only

Date paid ___/___/___

Amount Paid _____

Receipt Number

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Additional Enrolment Information

Brief details of previous education

Brief history of employment experience

Relevant experience in the field (e.g. paid or voluntary work, life skills)

What are your reasons for undertaking this course of study? What do you hope to achieve from the course?

How did you find out about the course?

- Centrelink
- Job Network
- Newsletter
- Advertisement
- Friend
- Other

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Date paid ___/___/___

Amount Paid _____

Receipt Number