

# Far South Coast Community College



## ENROLMENT FORM

*Please complete all details below as this information helps us maintain our funding – thank you.*

Course: \_\_\_\_\_ Course Code: \_\_\_\_\_ Fee: \_\_\_\_\_  
Qual Name: \_\_\_\_\_ Qual Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

*Please make cheques payable to Far South Coast Community College Inc.*

### Personal Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  Male  Female

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you of a non-English speaking background?  Yes – What language do you speak at home?  
 No

Are you Aboriginal or a Torres Strait Islander?  Yes  
 No

Employment:  Full time  Part time  Employer  Retired  Family Carer  
 Self-employed

Student  Voluntary worker  Seeking full time work  Seeking part time work

Do you consider yourself to have a disability? If so, please provide details.

Highest school qualification: Year  7  8  9  10  11  12  
What year did you complete this school qualification?

Do you have any other qualifications?

Do you wish to be on the Community College email list for updates?  Yes  
 No

Where did you hear about the Community College?

32 Church Street, Bega NSW 2550 | PO Box 405, Bega NSW 2550 | ABN: 53 712 017 94

Ph/Fax: 02 6492 0052 | Email: [coordinator@fsgccc.org.au](mailto:coordinator@fsgccc.org.au) | Web: [www.fsgccc.org.au](http://www.fsgccc.org.au)