



## CSO 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	Business Idea Activation Workshop	ess Idea Activation Workshop Attending										
Date At	Tuesday, 26 November 2019, 5pm – 7.30pm Byron Community College, Cnr Burringbar and Gord Mullumbimby, NSW 2482	don Sts	Cost (tick one)		* Subsidised - \$20 (TSSBC) Full Fee - \$150							
This course will also include the additional support unit FSKLRG05 - Use strategies to plan simple workplace tasks												
* 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 tick-boxes below.  Personal details												
First Name:		Surname:										

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First Name:			Surname	2:						
Street/Lot number:										
Suburb/Town:				State:		P/code				
Mobile phone:				Home phone:						
Email address:				Date of birth:						
USI (Unique Student	Identifier)**									
**ALL students doir Go to www.usi.gov. *I confirm that all c • Am an Australia Zealand citizen • Am aged 15 yea • Live or work in • Am no longer a I confirm that I own • A small busines	au to create your USI of the below apply to an Citizen, permanent and ars or older, and NSW, and at school or equivalen n, or am employed by	ted training are required to some.  It will only take a few minume:  t resident or humanitarian volumes  t  y, a small business.  ness with 20 employees or le	utes to cor	nplete.		☐ Yes ☐ N				
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

☐ Cash			ard pay					c phone: 02 (	300 1 33					
Credit Card No:			. ,					□ Master	☐ Master Card			☐ Visa Card		
Name on Card:					Ex	piry Date:		C	VC:					
Signature:	Date:													
General Information	1													
How did you find out about this course?			□ Sourdough Newsletter □ Brochure in Echo □ Brochure in other location □ Office Mullumbimby □ Office Byron Bay □ BCC Newsletter □ Website □ Facebook □ Echo ad □ Byron Shire News ad □ Northern Star ad □ Word of mouth □ Radio ad □											
Study Reason														
Which best describes your study purpose?			☐ Work ☐ Further study ☐ Personal interest ☐ Change career ☐ Other											
Language and cultur	al identity													
Country of Birth								Are you an A	Austral	ian reside	ent?	☐ Yes	□ No	
Are you of Aboriginal or Torres Strait Islander origin?			☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and TSI ☐ Neither											
What language do you us home?	sually speak at	t	☐ Eng	glish	☐ Other (specify)									
How well do you speak	c English?		☐ Ver	y well		<b>l</b> Well	Well 🔲 Not well 🔲 No				: all			
Prior education							_		<b>—</b>					
What is your highest <i>completed</i> school level? (or nearest equivalent)			☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 or lower											
Have you completed any higher education?			☐ Bachelor Degree or Higher Degree ☐ Advanced Diploma or Associated Degree ☐ Diploma or Associated Diploma ☐ Certificate IV (or Advanced Cert/Technician)											
<b>Employment status</b>														
Which of the following	describes y	our	☐ Full-time employee ☐ Part-time employee ☐ Employer ☐ Self-employed, not											
employment status?			employing others  Unpaid worker in a family business											
Disability														
Do you have a disabilit If yes, please indicate t the disability:	Physica Learnir	Physical □ Visual impairment □ Medical condition □ Hearing/deafness □ Acquired brain injury □ Mental illness □ Other												
CONSENT TO USE AND DIS Under the Data Provision Re that personal information (i Community College for stati information for these purpo Commonwealth and State o Personal information that ha populate authenticated VE facilitate statistics and rese pre-populate RTO student understand how the VET n administer VET, including p You may receive a student s other authorised agencies. F NCVER will collect, hold, use NCVER policies and protocol	equirements 20 to the National of including the p stical, administ sess to: r Territory gove as been disclose ET transcripts; earch relating tenrolment for narket operate program administratively which me Please note you and disclose you	ersonal trative, ernmer sed to Noto educins; es, for phistratic ay be a unay or our perose pub	on Region for Vocal information in department of the control of th	on Community tional Educati ation containe ory and resear tments and au ay be used or cluding survey orkforce plann lation, monito ered by a gove of the survey a formation in a on NCVER's we	/ Coon  ed coon  the distribution  graph  gr	ollege is requested and data link gand consung and evaluation the time of before at www.r	uired (N men yror ies; CVEI age mer ition mereing in the neve	d to collect pe CVER). In the form), may be in Region Command NCVER. Refor the followards: information; and into reformation; and in	be used munity C wing pur and mployee	or disclose College may rposes: e, agent or th), the Nat	about d by By y disclo third p ional V	you and t yron Regio se your po arty contr ET Data P	co disclose  on ersonal  ractor or rolicy and all	
SIGNATURE:						*			DAT	E:				
PRINT FULL NAME OF G	OANDIAN:													

DATE: \_\_\_\_\_

SIGNATURE OF GUARDIAN: \_