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 3	**The Value Proposition Canvas**	Attending	❑ Yes
Date At	Wednesday 12 September 2018, 5pm – 7.30pm Byron Community College, Cnr Burringbar and Gordon Sts, Mullumbimby, NSW 2482	Cost (tick one)	❑ * Subsidised - $20 (TSSBC) ❑ Full Fee - $150

This course will also include the additional support units FSKLRG03 Use basic strategies for career planning.

*** 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:			
Street/Lot number:					
Suburb/Town:		State:		P/code	
Mobile phone:		Home phone:			
Email address:		Date of birth:			
USI (Unique Student Identifier)**					
A USI is **mandatory to enrol in this course**! **ALL students doing nationally recognised training are required to supply a USI number. Go to www.usi.gov.au to create your USI. It will 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

❑ Cash						
❑ Credit Card payment						
Credit Card No:					❑ Master Card	❑ Visa Card
Name on Card:					Expiry Date:	CVC:
Signature: _____					Date: _____	

General Information			
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 cultural identity			
Country of Birth		Are you an Australian resident?	❑ Yes ❑ No
Are you of Aboriginal or Torres Strait Islander origin?	❑ Aboriginal ❑ Torres Strait Islander ❑ Both Aboriginal and TSI ❑ Neither		
What language do you usually speak at home?	❑ English	❑ Other *(specify)*	
How well do you speak English?	❑ Very well ❑ Well ❑ Not well ❑ Not at all		
Prior education			
What is your highest *completed* 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)		
Employment status			
Which of the following describes your employment status?	❑ Full-time employee ❑ Part-time employee ❑ Employer ❑ Self-employed, not employing others ❑ 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:	❑ Physical ❑ Learning ❑ Intellectual	❑ Visual impairment ❑ Hearing/deafness ❑ Mental illness	❑ Medical condition ❑ Acquired brain injury ❑ 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 (Department).

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.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

If under 18 years of age at the time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____