

## ENROLMENT FORM

Enquires / enrolment: Joyce Louey Community Arts Network, 234a Sturt Street, Adelaide SA 5000  
Phone: 08 8231 0900 Fax: 08 8231 0977  
*OR drop your form in at*  
Brewarrina Business Centre (BBC) / Bourke Indigenous Coordination Centre (I.C.C.)

- Please complete all fields as some information is being collected for research purposes
- Your responses will be treated as confidential

### 1. PERSONAL DETAILS

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Family name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Email: \_\_\_\_\_ Preferred Contact: mail/email?  
Year of Birth \_\_\_\_\_ Gender M / F (please circle)

Are you from a non-English speaking background?  yes  no

Is English your first language?  yes  no

Are you an Australian resident?  yes  no

Please describe your main occupation and field of work: \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Employer's address (if applicable) \_\_\_\_\_

Your job title (if applicable) \_\_\_\_\_

If you have any special dietary requirements please detail: \_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Island origin? YES / NO

Were you born in Australia? YES / NO

If no, in which country were you born? \_\_\_\_\_

If you are a volunteer, how many organisations do you volunteer for? \_\_\_\_\_

What role(s) do you play as a volunteer? \_\_\_\_\_

On average how many hours do you volunteer each month? \_\_\_\_\_

### 2. VOLUNTEER ORGANISATION DETAILS (if applicable)

Organisation Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

### 3. ENTRY REQUIREMENTS

There are no specified limitations for entry into this course. The course is a nationally recognised skills development program for people who volunteer and work in the arts and cultural sector in regional Australia. In instances of high demand, preference may be given to regionally-based volunteers.

If you wish to speak to someone about Recognition of Prior Learning/Current Competencies or require information regarding participants with learning or language support needs, please tick this box and a trainer from Community Arts Network SA will contact you.  yes

Community Arts Network SA is a Registered Training Organisation for the Business Skills for Creative People course.

**4. COURSE DETAILS** Please tick the workshop(s) you are enrolling in:

	Attending <input checked="" type="checkbox"/>	Which Workshop?
<b>Network within Communities</b> CVNWC01A (core)		
<b>Develop Funds and Resources</b> CVFAS03A (core)		

**5. BOOKING DETAILS**

All workshops must be booked directly by sending this completed form to:

**Joyce Louey** Ph: (08) 8231 0900 Fax: (08) 8231 0977  
 Email: [jlouey@cansa.net.au](mailto:jlouey@cansa.net.au) Address: 234a Sturt Street, Adelaide SA 5000

**Or drop off at** Bourke Indigenous Coordination Centre (ICC) – 23 Mertin Street, Bourke  
 Brewarrina Business Centre (BBC)

**6. SPECIAL REQUIREMENTS**

Tick this box if you require information regarding participants with **special needs** (eg mobility, learning or language support) or if you wish to apply for Recognition of Prior Learning/Current Competencies. A registered trainer will contact you for a confidential discussion.

**7. PARTICIPANTS INFORMATION**

I understand only authorised personnel will access/utilise this information for purposes directly relating to my participation in Business Skills for Creative People. I agree that this information is provided to the Registered Training Organisation for enrolment purposes.  
 I have read and understood the material in the student handbook.

.....  
 Signature

.....  
 Date



Please Turn Over