



262 South Terrace
 Adelaide SA 5000
 (08) 8223 3335
 www.deafcando.com.au

Student ID:
 (If any at this centre)

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TALKING HANDS ENROLMENT

Is this the first time you have enrolled in a class at this centre? Y / N

I wish to enrol in the Talking Hands _____ course

Commencing on (day) _____ (date) _____ am/pm _____

Included in your enrolment is a revision CD/DVD/Video

Please select your preferred format CD DVD Video

Mr/ Mrs/ Miss/ Ms /Other

First name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Phone (H): _____ (W) _____ (F) _____

Mobile: _____ Email: _____

Full Fee \$141.00

Concession \$118.00 * proof of concession must be presented at time of enrolment.

I enclose a payment of \$ _____ By Cheque Money Order Cash

Or MasterCard Visa Bankcard

Card number: _____ / _____ / _____ / _____ Expiry Date ____ / ____

Signature: _____

Card holders name: _____

My Employer has agreed to pay for the cost of the course

Employer _____

Address _____

Authorised (signature of employer) _____

Do you require a tax invoice? Yes No

<p>1. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Strait Islander origin, mark both 'Yes')</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Yes, Aboriginal</td><td style="width: 50px;"></td></tr> <tr><td>Yes, Aboriginal AND Torres Strait Islander</td><td></td></tr> <tr><td>No, Neither Aboriginal nor Torres Strait Islander</td><td></td></tr> <tr><td>Yes, Torres Strait Islander origin</td><td></td></tr> </table> <p>2. In which country were you born?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Australia</td><td style="width: 50px;"></td></tr> <tr><td>Other – Please Specify</td><td></td></tr> <tr><td> </td><td></td></tr> </table> <p>3. Do you speak a language other than English at home? (If more than a language, indicate the one that is spoken most often)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>No, English Only</td><td style="width: 50px;"></td></tr> <tr><td>Yes, Other – Please Specify</td><td></td></tr> <tr><td> </td><td></td></tr> </table> <p>How well do you speak English?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Very Well</td><td style="width: 50px;"></td></tr> <tr><td>Well</td><td></td></tr> <tr><td>Not Well</td><td></td></tr> <tr><td>Not at All</td><td></td></tr> </table> <p>4. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Full-time employee</td><td style="width: 50px;"></td></tr> <tr><td>Part-time employee</td><td></td></tr> <tr><td>Self employed – not employing others</td><td></td></tr> <tr><td>Employer</td><td></td></tr> <tr><td>Employed – unpaid worker in a family business</td><td></td></tr> <tr><td>Unemployed – seeking full-time work</td><td></td></tr> <tr><td>Unemployed – part-time work</td><td></td></tr> <tr><td>Not employed – nor currently seeking employment</td><td></td></tr> </table>	Yes, Aboriginal		Yes, Aboriginal AND Torres Strait Islander		No, Neither Aboriginal nor Torres Strait Islander		Yes, Torres Strait Islander origin		Australia		Other – Please Specify				No, English Only		Yes, Other – Please Specify				Very Well		Well		Not Well		Not at All		Full-time employee		Part-time employee		Self employed – not employing others		Employer		Employed – unpaid worker in a family business		Unemployed – seeking full-time work		Unemployed – part-time work		Not employed – nor currently seeking employment		<p>5. How did you hear about this centre? (Tick ONE box only)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Existing internal/external networks</td><td style="width: 50px;"></td></tr> <tr><td>Newspaper</td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>Pamphlet through mail</td><td></td></tr> <tr><td>Relation/Friend</td><td></td></tr> <tr><td>Work situation</td><td></td></tr> <tr><td>Yellow Pages</td><td></td></tr> </table> <p>6. Do you consider yourself to have a disability, impairment or long-term condition?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>No</td><td style="width: 50px;"></td></tr> <tr><td>Yes</td><td></td></tr> </table> <p>if Yes, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Hearing/Deaf</td><td style="width: 50px;"></td></tr> <tr><td>Physical</td><td></td></tr> <tr><td>Intellectual</td><td></td></tr> <tr><td>Learning</td><td></td></tr> <tr><td>Mental Illness</td><td></td></tr> <tr><td>Acquired Brain Impairment</td><td></td></tr> <tr><td>Vision</td><td></td></tr> <tr><td>Medical condition</td><td></td></tr> <tr><td>Other</td><td></td></tr> </table> <p>7. Can we contact you regarding our Fundraising Lotteries?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>No</td><td style="width: 50px;"></td></tr> <tr><td>Yes</td><td></td></tr> </table> <p>8. Can we contact you regarding our Donation Campaigns?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>No</td><td style="width: 50px;"></td></tr> <tr><td>Yes</td><td></td></tr> </table>	Existing internal/external networks		Newspaper		Other		Pamphlet through mail		Relation/Friend		Work situation		Yellow Pages		No		Yes		Hearing/Deaf		Physical		Intellectual		Learning		Mental Illness		Acquired Brain Impairment		Vision		Medical condition		Other		No		Yes		No		Yes	
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- **Please ensure your enrolment and payment is received by Deaf CanDo no later than one week before the commencement of the course**
- **Late enrolments may be accepted by arrangement, (up to 3 days prior to the commencement of the course), and will incur a \$20 late fee.**