



# Annual Membership/Course Enrolment Application

Eligibility: All member applicants must be over 18 and support the purposes and policies of ECH  
Valid from January 1st to December 31<sup>st</sup>.

**Victorian Student Number (only applies to under 25's)** .....

Mr / Mrs / Ms / Miss

Family Name..... First Name .....Date of Birth .....

Address .....Post Code.....

Postal Address (if different) ..... Email Address. ....

Telephone B/H. .... A/H..... Mobile.....

Any additional adults,  
And/or children's  
names.....

Please return your completed form to reception, mail or email to [emhouse@iinet.net.au](mailto:emhouse@iinet.net.au)

- Single Associate Member - \$10 annually** Enrolled in ECH programs or activities, has rights, privileges and obligations of a full member, but not required to volunteer, has no Association voting rights.
- Family Associate Member - \$15 annually** (1-2 adults plus 1 or more children under 18) Enrolled in ECH programs or activities, adults have rights, privileges and obligations of full members, not required to volunteer and has no Association voting rights. Each adult must sign application.
- Single Full Member – \$10 annually** Requires at least 5 hours of volunteering a month at ECH during the calendar year, includes Association voting rights, privileges and has other obligations. Requires WWC and Police Check.

Memberships to be approved by ECH Committee of Management

Term	Course Name	Associate Membership Single \$10 Family \$15	Full Membership Single \$10	Course or Program Fee	Total	Receipt No

**PLEASE SEE REVERSE (TO BE FILLED IN)  
Office Use Only**

Date.....NROLLS  Concession Card copied and attached  Members Register

Staff initial.....

**Each adult applicant must complete an application**

Are you undertaking this course for Volunteer Training?  YES  NO

If yes, complete Cardinia Volunteer Training Form and attach.  YES  NO

Cash – In person at 356-358 Belgrave-Gembrook Road, Emerald 3782, M,W,F 10am-3pm

Direct Debit: BSB 063 842 Acct 1009 3095, Identify course name, code or membership class in description field

Credit Card, Visa M/Card (Only if emailing form, card information deleted after payment is made)

Card No ..... Expiry...../..... CVC code.....

In which country were you born?  Australia  Other Please specify .....

Do you speak a language other than English at home?  Yes  No  Other Please specify .....

How well do you speak English?  Very well  Not well  Not at all

Are you of Aboriginal or Torres Strait Islander origin?  No  Aboriginal  Torres Strait

Do you consider yourself to have a disability, impairment or long term condition?  Yes  No

If yes, then please indicate the areas of disability, impairment or long term condition. You may indicate more than one area.

Hearing/Deaf  Physical  Intellectual  Vision  Medical Condition

Learning  Mental Illness  Acquired Brain Impairment  Other specify.....

What is your highest Completed School Level?

Completed Year 8 or lower  Completed Year 10  Completed Year 12

Completed Year 9 or equivalent  Completed Year 11  Did not go to School

Are you still attending Secondary School?  Yes  No

Have you successfully completed any of the following qualifications?

Bachelor Degree or Higher Degree  Advanced Diploma or Associate Degree  Diploma (or Assoc Diploma)

Certificate IV (or Adv Certificate)  Certificate III  Certificate I or II

Employment Industry\_\_\_\_\_

Occupation\_\_\_\_\_

Of the following categories, which best describes your current employment status?

Full time Employee  Part time Employee  Employed – Unpaid Worker in Family

Self Employed – do not employ others  Unemployed – Seeking full time work  Employer

Unemployed – Seeking Part time Work  Not Employed – Not seeking employment

Of the following categories, which best describes your main reason for undertaking this course  
(Tick one box only)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> To get a job                                 | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business            |
| <input type="checkbox"/> For personal interest / for self development | <input type="checkbox"/> To try for a different career   | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> It is a requirement of my job                | <input type="checkbox"/> I want extra skills for my job  | <input type="checkbox"/> For other reasons                   |
| <input type="checkbox"/> To get a better job or promotion             |  |  |

**Please note ECH is closed on Extreme & Catastrophic Fire Risk Days**  
(your initials that you have read and understand.....)

#### ACFE PRIVACY STATEMENT

I understand that Emerald Community House Inc is required to provide the Victorian Government, through the Victorian Adult, Community & Further Education Board (ACFE), with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (see [www.education.vic.gov.au](http://www.education.vic.gov.au)).

The ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

I acknowledge on behalf of all persons listed on this form and agree to the terms described in this ACFE Privacy Statement:

Student signature:..... Date.....

#### **Members must support ECH Purposes and abide by ECH Policies and Code of Behaviour.**

Emerald Community House Inc. is a Public Institution which has the charitable purpose of advancing social and public welfare and providing benevolent relief to members of the community who are in need, by:

- (a) **Empowering** the marginalised and vulnerable through participation in activities and education, regardless of cultural, socio-economic status or educational background.
- (b) **Creating** programs that respond to identified need, particularly for those who are 'at risk'.
- (c) **Providing** support to those who are in distress, discouraged, affected by crisis or displaced by disruptive events.
- (d) **Promoting** social inclusion to prevent or relieve social isolation.
- (e) **Providing** services with learning and development outcomes to enhance the opportunities of disadvantaged individuals and groups, including the long-term unemployed.
- (f) **Alleviating** hardship by operating community food resources and providing culturally appropriate food and care packages to those suffering financial distress.
- (g) **Assisting** those suffering distress and/or experiencing financial hardship to access services and supports, and
- (h) **To pursue benevolent purposes** as the Committee of Management deems appropriate and are consistent with the strategic direction of the Association.