

# NORTHERN RIVERS CONSERVATORIUM ARTS CENTRE INC

PO Box 1111  
Lismore NSW 2480  
Website: [www.nrcac.edu.au](http://www.nrcac.edu.au)



Phone: 02 66212266  
Fax: 02 66220244  
Email: [admin@nrcac.edu.au](mailto:admin@nrcac.edu.au)

## NRCAC ENROLMENT APPLICATION

**Please fill in details, tick the appropriate boxes.**

Course Name \_\_\_\_\_ Full Time  Part Time

Area of Specialisation \_\_\_\_\_

*i.e 'Trumpet' if applying for Music, 'Comedy' if applying for Acting*

Payment: UP FRONT  I wish to apply to pay by instalments

### Personal Information

Last name	
First name	
Other name	
Date of birth	
Male/Female	

### Contact Information

Address	
Suburb/City	
State	
Postcode	
Phone No	
Fax No	
Mobile	
Email	

### Next of Kin Details

Last name	
First name	
Address	

### Employment Category

Full time employee	
Part time employee	
Self employed – not employing others	
Employer	
Employed – unpaid worker in family business	
Unemployed – seeking full time work	
Unemployed – seeking part time work	

### Education

Are you still at school?	Yes/No	
--------------------------	--------	--

### Highest completed school level

Completed year 12	
Completed year 11	
Completed year 10	
Completed year 9 or lower	

### Year completed

--

### Where did you hear about this course?

Brochure		Word of mouth	
Newspaper		Other	

## Education (continued)

### Study Reason

To develop my existing business	
To start my own business	
To try for a different career	
Other (please state)	

Since leaving school have you completed any Tertiary Qualifications?

<b>Yes</b> , a prior educational achievement has been successfully completed	
<b>No</b> , a prior educational achievement has not been successfully completed	

If **yes**, select below

### Educational Achievements

Bachelor Degree or Higher Degree level	
Advanced Diploma or Associate Degree	
Diploma	
Certificate IV	
Certificate III	
Certificate II	
Certificate I	
Miscellaneous Education	

### Signed

--

### Date

--

## Other

### Country of birth

--

### Indigenous Status

Yes, Aboriginal	
Yes, Torres Strait Islander	
Yes, Aboriginal and Torres Strait Islander	

### Language spoken at home

--

### Proficiency in Spoken English

Very well	
Well	
Not well	
Not at all	

Do you consider yourself to have a disability, impairment or long-term condition?

If **yes**, please state below

Hearing	
Physical	
Intellectual	
Learning	
Mental illness	
Acquired brain impairment	
Vision	
Medical condition	
Other disability not listed	

**PLEASE ATTACH A RECENT PHOTOGRAPH.**

### To be completed by Administration

Course Name \_\_\_\_\_ Delivery Site \_\_\_\_\_ NRIS # \_\_\_\_\_

Course Start Date \_\_\_\_\_ Course End Date \_\_\_\_\_

Have Course Fees been Paid? YES NO If YES how much? \$ \_\_\_\_\_

Payment by Instalment YES NO If YES have fee agreements & guarantor forms been sent?