



FULL QUALIFICATION APPLICATION FOR ENROLMENT FORM – SA

MADEC Australia

TOID: 3957

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Ph: (08) 8307 2007

MADEC Australia

ADMINISTRATIVE USE ONLY – System ID			
STL Subsidy #	MADEC Student #	Training Contract #	

Filling in this form:

* Please use Black or Blue Pen and Print in **BLOCK LETTERS**

* Mark **X** or tick Boxes where applicable

Proof of Identity required for funded courses:

Please provide a colour copy of one of the below proof of identity documents.

Photo ID:

- Drivers Licence
 Current Student ID Card
 Proof of Age Card

Please provide TWO of the following:

- Medicare Card
 Australian Birth Certificate
 Australian/New Zealand Passport
 Citizenship Certificate or approved VISA
 Bankcard/Credit Card

A. COURSE DETAILS

Course code: Course Name: Location:
 Course Date: Delivery Method: Classroom Online External Traineeship

B. UNIQUE STUDENT IDENTIFIER

I have a Unique Student Identifier code USI Code: (10xCharacters)

OR I have not applied, but give MADEC permission for a USI on my behalf.

A Colour Copy of one of the ID types below has been provided:

- Drivers Licence Australian Passport Visa (With Non-Australian Passport) ImmiCard
 Medicare Card Australian Birth Certificate Citizenship Certificate

Preferred method of contact: Mail Mobile Email

In which Country were you born? Australia Other

Town/City of Birth: **Country of Birth (if other please specify):**

C. PERSONAL DETAILS

Title: MR MRS MS MISS Gender: M – (Male) F – Female X - Indeterminate/Intersex/Unspecified)

Family Name: Given Name:

Previous Surname: Middle Name: Date of Birth:

Residential Street Address:

Suburb: State: Postcode:

Postal(if different from above): Your Statement of Attainment will be mailed to this address.

Suburb: State: Postcode:

Phone: Mobile: Email:

D. EMERGENCY CONTACT (If under 18 years of age must be a parent/guardian)

Full name: Relationship:

Email: Phone:

E. EMPLOYMENT

Employer Name:

Employer Address: State: Postcode:

Which **BEST** describes your current employment status? (Tick ONE box only)

- Full Time Employee Casual Employee Employer Self Employed – not employing others Unemployed – Seeking full time work
 Part Time Employee Employed – unpaid family worker Unemployed – seeking part time work Unemployed – not seeking employment

F. RESIDENCY

Residency Status (Tick ONE box only): Australian Citizen Permanent Resident New Zealand Citizen living in South Australia

Note: Please provide a COLOUR COPY of your VISA with this application (if applicable). Visa (Please specify)

G. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal and/or Torres Strait Islander origin? No Yes – Aboriginal Yes - Torres Strait Islander (If both, please select Yes to both boxes)

In which country were you born? Australia Other (If other please specify)

Do you speak a language other than English at home? No - English only Yes if yes – please specify

How well do you speak English? Very Well Well Not Well Not At All

H. SCHOOLING

Highest completed School Year Level? 12 11 10 9 8 Never attended (Go to section I)

What Year did you complete this level?

Are you attending secondary school? Yes No (Go to section I)

School Name:

SACE ID:

Please select from the below options if applicable:

School Based Traineeship/Apprenticeship SACE Students

ICAN/FLO Student

Please provide your ICAN Exemption Number:

I. PREVIOUS QUALIFICATION ACHIEVED

Have you successfully achieved any higher level qualification? No Yes - If Yes, please tick the appropriate level below

Certificate I Certificate II Certificate III or Trade Certificate Certificate IV (or advanced certificate/technician)

Diploma (or associate diploma) Advanced Diploma or associate degree Bachelor Degree or Higher

J. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS

Do you consider yourself to have a disability, impairment or long-term condition? Yes No (Go to section K)

If yes, please select from the following list: Physical Intellectual Vision Learning Hearing/Deaf Mental Illness

Medical Condition Acquired Brain Injury Other If other Please Specify -

If yes, in what way can we provide support?

Would you be prepared to get a medical clearance prior to commencing this course? Yes No

K. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this training?

- To get a job To develop my existing business To start my own business
 To try a different career To get a better job or promotion It was a requirement of my job
 I wanted extra skills for my job For personal interest/self-development To get into another course of study

L. HOW DID YOU HEAR ABOUT US

Of the following categories, which BEST describes how you heard about this course/traineeship/apprenticeship? (Tick ONE box only)

- Newspaper Website Course Guide Word of Mouth Industry Consultation
 Radio Email Social media Expos / Events Existing Customer
 Flyers TV Employer Other

M. CENTRELINK AND JOBACTIVE PROVIDER DETAIL

Are you registered with Centrelink and in receipt of a concession card?

No Yes - If YES, please indicate which allowance you receive.

Health Care Card issued by the Commonwealth

Pensioner Concession Card; or

Veterans Gold card

Other – (Please specify)

Centrelink CRN:

Date of Expiry:

ADMINISTRATION USE ONLY: Centrelink Digital Wallet Copy Sighted	
Concession Card No:	<input type="text"/>
Concession Holder Name:	<input type="text"/>
Date of Expiry:	<input type="text"/>
Authorised Delegate Name:	<input type="text"/>
Delegate Signature:	<input type="text"/>
Date Sighted:	<input type="text"/>

Are you a Prisoner? No Yes - Please contact the STL Subsidy Info line 1800 506 266

Are you under the Guardianship of the Minister? No Yes - Guardianship of Minister No:

Are you a registered Job Seeker? No Yes JSID No:

jobactive Provider: Contact Name: Contact Phone:

jobactive Consultant to complete

Please indicate the job seekers phase and weekly requirements below (Tick only if applicable):

WFD Weekly Requirement: DES Weekly requirement: ESL Weekly Requirement:

N. COURSE FEES

All relevant FEE information that must be paid to MADEC and payment Terms and Conditions can be found at: www.madec.edu.au/fees-and-charges/

Which of the following applies? (Tick ONE box only) Fee for Service STL Subsidy Traineeship

Payment of FEES will be received from - Self/Participant: YES NO

Select Payment Method:

Cash Credit / Debit card EFT Instalments (Direct debit) / Centrepay Invoice (Details below)

INVOICE DETAILS - Please indicate who the course will be billed to: Employer School jobactive Provider Parent / Guardian

FEES \$ Purchase order No. (if applicable):

Invoice Contact: Contact Phone No: ABN:

Business Name: Business Address:

Training Administration has confirmed the above mentioned is responsible for paying this fee. Signature:..... Date: / /

O. EXCURSION HEALTH REPORT AND CONSENT (Only applicable if course requires "placement" or excursion)

Section 1. General Information

Participants Full Name: Date of Birth:

Section 2. Health Report

Does the applicant/student have any medical conditions? (Tick boxes as applicable)

- Heart Condition Diabetes Seizures Asthma Blackouts Migraine
- Travel Sickness Allergy (Please specify below) Other medical condition (Please specify below)

Describe any allergies, special care or medication required

Medicare No: Ambulance Membership No:

Private Health Cover: No Yes Fund Name: Membership No.

IMPORTANT: Students must report as soon as possible any change that may affect the validity or currency of the above information.

Section 3. Student Excursion Consent

- In case of emergency I authorise the MADEC staff member in charge to take any steps they may consider necessary to ensure my safety or well-being, including ambulance travel, medical treatment and hospitalisation. I further understand that I am responsible for any treatment costs.
- I acknowledge that during the excursion, acceptable standards of behaviour will be expected of me. I understand that in the event of serious misbehaviour during the excursion, I may be sent home. I further understand that in such circumstances any costs associated with my return home will be my responsibility, or where I have indicated that I am under the age of 18, my parent/legal guardian.
- The health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing your health or safety in the event of an emergency. Furthermore, this information will be used to eliminate or minimise, the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. I acknowledge that if I choose not to complete all questions in the Excursion Health Report and Consent, it may not be possible for MADEC Staff supervising the excursion to provide the best possible response to any emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness.
Personal information may also be disclosed to emergency services personnel or medical personnel.

Student Signature: **Date:** / /

P. STUDENT PUBLICITY CONSENT AND RELEASE (Tick ONE box Only)

I hereby, DO grant DO NOT grant

- MADEC Australia the perpetual right and authorisation to record, tape, film, photograph, digitise or otherwise preserve permanently my name, voice, image, personal statements and opinions and biographic and demographic information.
- I understand and agree that such preserved material may be used and re-used in whole or in part, at anytime and anywhere, in print, website, digital, audio, and /or video publications for the purpose of promotion, research and auditing in relation to my project/program/ course by MADEC Australia.
- I acknowledge that my participation in the making of any marketing or communication materials, and/or participation in research, audits or interviews by MADEC Australia, its officers, faculty, employees, and designees is absolutely voluntary. I further acknowledge that I will not receive any financial compensation now or in the future for the use of such preserved material, which in whole or part MADEC Australia holds the entire copyright.
- I acknowledge that I have read and understood this consent and release. I further understand that this release shall be effective unless specifically revoked in writing.

DISCLOSURE OF PERSONAL INFORMATION TERMS

The Department of State Development collects required information from this form for use by the Commonwealth Department of Education and the Department of Employment for the purpose of auditing participation and the monitoring and reporting of training outcomes.

The information you provide may be accessed by officers of these three departments, by the National Centre for Vocational Education Research (NCVER) and MADEC Australia for the above purposes. I have been advised by MADEC that I may be contacted and requested to participate in a National Vocational Education Research survey or a Department endorsed project or audit review. MADEC Australia securely stores your information and does not disclose it unless required by law, regulation or compliancy (ASQA) purposes.

The MADEC Privacy Policy is available at <http://www.madec.edu.au/about/privacy-policy/>

TRANSFER AND WITHDRAWAL TERMS

- If I withdraw, by written notice, six (6) business days or more prior to the commencement of the training course, MADEC Australia will refund fees in full less a \$75.00 administration Fee.
- If I withdraw, by written notice, within five (5) business days prior to the commencement of the training course, or fail to attend then I will be charged the full fee for the training course. MADEC Australia will retain all course fees paid with no refund being available and any outstanding course fees will still be payable.
- If any fees are not paid and MADEC deems it necessary to engage a debt collection agency to collect the outstanding amount, all costs associated with debt recovery will be payable and added to the outstanding debt.
- If MADEC Australia cancels a training course a full refund will be issued.

STUDENT DECLARATION

- I acknowledge that all the information provided as part of this application is true and correct. I further acknowledge that providing fraudulent, forged or otherwise dishonest documentation or information in support of this application will automatically disqualify me from enrolment.
- By signing this declaration, I give consent to MADEC for the collection and use of my personal information as outlined in the Privacy policy in the current Student Handbook.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I understand that by completing this application I am not guaranteed a place in the described program/project/course. This application will be reviewed on completion of the pre-training review to determine suitability.
- I acknowledge that I have received, read and understood the terms and conditions outlined in the Student Handbook. I further acknowledge and accept the terms outlined in the Student Handbook and Code of Conduct.
<https://www.madec.edu.au/wp-content/uploads/2019/02/Student-Handbook-2019-SA.pdf>

PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, **MADEC Australia** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by MADEC Australia for statistical, administrative, regulatory and research purposes. MADEC Australia may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Student Signature:	Date: / /
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PARENT/LEGAL GUARDIAN DECLARATION (If participant is under 18 years of age)

I, _____ hereby, DO grant or DO NOT grant

for the minor described above to participate in the activities described in the Publicity Consent and Release section. I further acknowledge and agree that I have read and understood the terms outlined, and I further understand that this release shall be effective unless specifically revoked in writing.

As parent/guardian for the named student:

- I, DO DO NOT give permission for the named student to participate in the course/program/project outlined above
- I, DO DO NOT give permission for the named student to participate in all day excursions as deemed appropriate by MADEC.
- I, DO DO NOT give permission for the named student to be transported in a vehicle provided by MADEC.
- I, DO DO NOT as the Parent/Guardian agree to pay the course fees for the above mentioned participant.

Full Name: **Signature:**

Contact No: Date: Email:

NOTE: Once you have completed all required fields of the enrolment form, please print and sign.

You can scan and email to training@madec.edu.au or alternatively you can drop the completed form in to the nearest MADEC office.

This page has intentionally been left blank.

PRE-TRAINING REVIEW (Compulsory for all Qualification Applicants)

Not required for short course enrolment applicants i.e. First Aid, Coffee course etc.

Applicant to complete. This pre-training review forms part of our assessment of your suitability to the course application for enrolment. Please take time to complete and ensure use of punctuation and grammar.

You will also be required to complete an on-line Language, Literacy and Numeracy Assessment. The LLN assessment is based on the qualification, job role and required level of language, literacy and numeracy that the course and industry requires. The Trainer and Assessor will contact you with further information.

Write a paragraph on what you hope to gain from undertaking this qualification.

Write a paragraph on what interested you in pursuing this career pathway.

What are three personal qualities that are important for someone working in this industry? E.g. empathy, time management ...

What do you believe are three physical requirements to work in this industry?

1.	1.
2.	2.
3.	3.

What are three expectations an employer may have of you working in this industry?

What is your understanding of the minimum requirements to work in this industry?

Some of our qualifications require work placement up to 240 hours - do you foresee any barriers to completing work placement?

- No
- Yes, please explain

Are you able to commit to:

Are you able to complete:

- Block placement and/or;
- regular weekly hours

- Morning and / or;
- afternoon shifts?

You may be required to get a DCSI and/or National Clearance to complete; do you foresee any issues with this?

- No
- Yes, please explain

You may be required to get a Flu shot / immunisation do you foresee any issues with this?

- No
- Yes, please explain

Please confirm if you have access to the following equipment:

- Working computer
- Reliable internet connection
- Printer
- Scanner
- Microsoft Office version 10 or above

Please rate your computer skills:	No Experience	Beginner	Intermediate	Advanced
I can send and receive emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can attached documents including pictures and send them via email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can research on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open and save documents to a secure folder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can scan and print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open, use and save word documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your preferred learning style?

- Visual** Learners prefer visual input, for example: images, charts and flow diagrams.
- Auditory** Learners prefer auditory input and remember things best when they hear them.
- Kinaesthetic** Learners prefer input that is physical and concrete. They require action and movement to learn things.

Do you consider yourself to have any personal barriers to learning e.g. legal, accommodation, finance, transport, health, family?

- YES NO

If you ticked yes, please describe:

Can MADEC assist with any support systems? If yes, please list:

After reviewing the course, do you wish to make and application for RPL?

- YES - I would like to make an application for RPL NO

RPL or Recognition of Prior Learning is a process for formally recognising and assessing prior learning and competencies that lead to nationally recognised credit or advanced standing. This is achieved by completing relevant assessments and interviews to determine your skill and knowledge against competency criteria for the relevant module(s) or unit(s). For further information please contact your Trainer and Assessor, or MADEC Education and Training SA.

- YES - I would like to apply for Credit Transfer. NO

Credit Transfer is formal recognition of modules/units completed at another training organisation. Credit transfers are essentially administrative processes. These are not formal enrolments in the normal sense, because they involve neither delivery nor assessment of the student's knowledge. MADEC recognises only formal documentation such as qualification testamurs, Statements of Results and/or Statements of Attainment. All documents must either be originals or a certified copy of the original document, you will also be required to provide MADEC permission to verify your documentation with the issuing RTO. If you believe you are eligible for Credit Transfer please complete the Credit Transfer Application Form and attach to your enrolment application with evidence.

Declaration: I agree to actively take part in the LLN assessment to assist MADEC determining my suitability for the course and I declare this assessment will be my own work and I will not seek outside assistance to complete.

Student Signature: **Date:** / /

Reasonable Adjustment -

Is reasonable adjustment required? YES NO

If yes selected, please describe reasonable adjustment provided (which has been approved by the National Training Manager).

Learning Support Plan - Foundation Skills bridging units/vocational bridging units are detailed below. (if required)

The following information has been clarified with student:

- Student is aware of a minimum of 120hrs work placement (or minimum 240hrs for Diploma)
- Student is aware of compulsory workshops at MADEC site
- Student has necessary skills for email, word processing and internet research
- Student has computer, internet access and word processing software
- Student has confirmed they can continue their enrolment application based on the understanding of the points discussed above
- Student has advised they are unsure of skills/commitment after discussing the points above.

Concerns raised:

Advice/information given to student:

Other comments:

UAN Learning and Support Report completed

<https://www.cognitofrms.com/DepartmentForInnovationAndSkills/UpfrontAssessmentOfNeedUANLearningAndSupportReport>

Signed by LLN/UAN Representative: _____