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| **Office use only - VETtrak No:** |  |
| **Failure to complete all fields and sign this form will result in a delay**  **or non-issuance of a Nationally Accredited Statement of Attainment.** | |

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|  | **PROOF OF IDENTITY** (Required colour copy) | | | | |
| Please provide **one** of the following **Valid and Current** copy of ID document: | | | |  | |
| **Driver’s Licence** (both sides) | | **Medicare Card** | **Australian Birth Certificate** | | **Passport** |

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|  | **A. COURSE DETAILS** | | | |
| **Course Name:** | |  | **Course Code:** |  |
| **Course Location:** | |  | **Course Date:** | /   / |

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|  | **B. UNIQUE STUDENT IDENTIFIER** | | |
| **USI CODE:** | |  | |
| **I have not applied but I give MADEC permission to create my USI:** | | | **Yes**  **No** |

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|  | **C. PERSONAL DETAILS** | | | | | | | |
| **Title:** | | **Mr** | **Mrs** | **Ms** | **Miss** | | **Mx** | |
| **Gender:** | | **Male** | **Female** | **Indeterminate/Intersex/Unspecified** | | | | |
| **Pronoun:** | | **He/Him** | **She/Her** | **They/Them** | **Other,** please specify: | | |  |
| **Family Name:** | |  | | **Given Name:** | |  | | |
| **Middle Name/s:** | |  | | **Preferred Name:** | |  | | |
| **Country of Birth:** | |  | | **Date of Birth:** | | /   / | | |
| **City of Birth:** | |  | | **Preferred Contact:** | | **Phone  Email** | | |
| **Mobile:** | |  | | **Home Phone:** | |  | | |
| **E-mail:** | |  | | | | | | |
| **Residential Address:** | |  | | | | | | |
| **Suburb/Postcode:** | |  | | **Postal Address:** | | **As above  Different from above** | | |
| **Street/Po Box:** | |  | | **Suburb/Post code:** | |  | | |

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|  | **D. EMERGENCY CONTACTS** (If under 18 years of age, this must be a parent/guardian) | | | | |
| **Full Name:** | |  | **Relationship:** |  |
| **Email:** | |  | **Mobile:** |  |

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|  | **E. LANGUAGE AND CUTURAL DIVERSITY** | | | | |
| **Are you of Aboriginal and/or Torres Strait Islander origin?** | | | | | |
| **No** | | **Yes, Aboriginal** | **Yes, Torres Strait Islander** | | **Yes, Aboriginal and Torres Strait Islander** |
| **Do you speak a language other than English at home?** | | | | | |
| **No** (English only) | | **Yes Please specify other language/s:** | | |  |
| **How well do you speak English?** | | | | | |
| **Very well** | | **Well** | **Not well** | | **Not at all** |
| **Are you here on a Visa?** | | | | | |
| **No** | | **Yes** | | **Visa Subclass:** |  |

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|  | **F. EMPLOYMENT** | | |
| **Which BEST describes your current employment status?** (Tick **ONE** box only) | | | |
| **Full Time** | | **Employer** | **Unemployed – Seeking full time work** |
| **Part Time** | | **Self Employed - Not employing others** | **Unemployed – Seeking part time work** |
| **Casual** | | **Employed - Unpaid family worker** | **Unemployed – Not Seeking Employment** |

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|  | **G. SCHOOLING** | | | | | | | |
| **Highest completed school level:** | | | Year 12 Year 11 Year 10 Year 9 Year 8  Never attended | | | | | |
| **What year did you complete this level?** | | | |  | | |
| **Are you attending secondary school?** | | | **Yes** | | | **No** (go to section I) | | |
| **Is this course for SACE?** | | | **Yes** | | | **No** | | |
| **School Name:** | |  | | | **SACE ID** (if required)**:** | | |  |

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|  | **H. PREVIOUS QUALIFICATION ACHIEVED** | | | |
| **Have you successfully achieved any higher-level qualification?** | | | **No** | **Yes, please tick all that applies** |
| **Certificate I** | | **Certificate IV** | **Advanced Diploma/Associate Degree** | |
| **Certificate II** | | **Diploma/Associate Diploma** | **Bachelor Degree or Higher** | |
| **Certificate III** | |  |  | |  |

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|  | **I. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS** | | | | |
| **The definition of disability** is broad and does not rely on a formal diagnosis of disability and includes disability in relation to physical, intellectual, psychiatric, sensory, neurological, learning disabilities and physical disfigurement [Source: Department of Education Disability Discrimination Act 1992 Fact Sheet 1 DDA] | | | | | |
| **Do you consider yourself to have disability, impairment or long-term conditions?** | | | | **Yes** | **No** (go to section J) |
| **Physical** | | **Intellectual** | **Vision** | | |
| **Learning** | | **Hearing/Deaf** | **Mental Illness** | | |
| **Medical Condition** | | **Acquired Brain Injury** | **Other, please specify:** |  | |
| **If yes, in what way can we provide support?** | | | | | |
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|  | **J. STUDY REASON** (Tick **ONE** box only) | | |
| **To get a job** | | **To start my own business** | **To develop my existing business** |
| **To try a different career** | | **To get a better job/promotion** | **For personal interest/self-development** |
| **I want extra skills for my job** | | **It was a requirement of my job** | **To get into another course of study** |

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|  | **K. COURSE FEE** |

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| All relevant Fee information, including payment Terms and Conditions, can be found at:  <https://madec.edu.au/education-training/fees-and-charges/> | | | | | | | | |
| **Payment of FEES will be received from Self/Participant:** | | | | **Yes** | | **No -** If No, please complete the invoice details below: | | |
| **Invoice Details**  **Please indicate who the course will be billed to:** | | | | | | | | |
| **Employer** | | **School** | **Parent/Guardian** | | | | **Employment Services Provider** | |
| **Contact Person:** |  | | | | **Phone:** | |  | |
| **Email:** |  | | | | | | | |
| **Business Name:** | ***(if applicable)*** | | | | **ABN:** | | ***(if applicable)*** | |
| **Business Address:** | ***(if applicable)*** | | | | | | | |
| **Fees:** | **$** | | | **Purchase Order No** (if applicable)**:** | | | |  |

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| **I, (Self/Employer/Agency representative/Parent/Guardian) agree to pay the fees as specified for this qualification.** | | |
| **Name:**  **Signature:** |  | **Date:**   /   / |

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| **DISCLOSURE OF PERSONAL INFORMATION TERMS** | | |
| The information you provide may be accessed and/or audited by officers of the Department of State Development (DSD) and by the National Centre for Vocational Education Research (NCVER) for AVETTMISS training reporting purposes. 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: https://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 of the commencement of the training course, or fail to attend then I will be charged the full fee for the training course. MADEC 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 cancels the training course a full refund will be issued.   **STUDENT DECLARATION**   * If under 18 years of age, a Parent/Guardian must complete invoice details and sign below. * 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 acknowledge that I have been fully informed about the course | | |
| **Student Signature:** |  | **Date:**   /   / |
| **Parent/Guardian Signature:** |  | **Date:**   /   / |