

**ABN: 48 086 804 015**

**ACEFE Provider No: 3957**

|  |  |
| --- | --- |
|  | **COURSE DETAILS** |
| **Course Location:** |  |
| **Program Title** |  |
| **Program Date:** |   /   /   |  |  |
|  | **A. STUDENT 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:** |   /   /   |
| **Town of Birth** |  | **Preferred Contact:** | **[ ]  Email [ ]  Mobile [ ]  Mail** |
| **Mobile Phone:** |  | **Home Phone:** |       |
| **E-mail Address:** |       |
| **Home Address** |  |
| **Flat/Unit No:** |  | **Street Number:** |  |
| **Street Name:** |  | **Suburb/Town:** |       |
| **Post code:** |  | **State:** |  |
| **Are you a permanent Australian resident?** [ ]  **Yes [ ]  No** |  |

|  |  |  |
| --- | --- | --- |
|  |  | **B. EMERGENCY DETAILS / NEXT OF KIN** |
| **Contact Name:** |       | **Relationship:** |       |
| **Home Phone:** |       | **Mobile Phone:** |       |

|  |  |
| --- | --- |
|   | **C. UNIQUE STUDENT IDENTIFIER** |
| **USI CODE:** |           |
| [ ]  **I have a Unique Student Identifier (USI)** |  |
| **[ ]  I have not applied, but give MADEC permission to apply for a USI on my behalf** |  |
|  | **D. 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** |
| **How well do you speak English?** |
| **[ ]  Very well** | **[ ]  Well** | **[ ]  Not well** | **[ ]  Not at all** |
| **Main language spoken at home:** |  |

|  |  |
| --- | --- |
|  | **E. 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? [ ]  No [ ]  Yes** (tick all that applies) |
| **[ ]  Physical** | **[ ]  Intellectual** | **[ ]  Vision** |
| **[ ]  Learning** | **[ ]  Hearing/Deaf** | **[ ]  Mental Illness** |
| **[ ]  Medical Condition** | **[ ]  Acquired Brain Impairment** | **[ ]  Other, please specify:** |  |

|  |  |
| --- | --- |
|  | **F. SCHOOLING**  |
| **What is your highest COMPLETED school level?** |
| [ ]  Completed Year 12 | [ ]  Completed Year 11  | [ ]  Completed Year 10  |
| [ ]  Completed Year 9 or equivalent  | [ ]  Completed Year 8 or equivalent  | [ ]  Never attended school |

|  |  |
| --- | --- |
|  | **G. PREVIOUS QUALIFICATION ACHIEVED** |
| **Have you successfully completed any of the following qualifications? [ ]  Yes [ ]  No**Please enter one of these identifiers for any applicable qualification level.Please tick ALL that apply-Please also indicate if it is an Australian(A), Equivalent Australian(E) or International(I) qualification. |
| **[ ]  Bachelor Degree or Higher [ ]** A **[ ]** E **[ ]** I | **[ ]  Advanced Diploma/Associate Degree [ ]** A **[ ]** E **[ ]** I |
| **[ ]  Diploma/Associate Diploma [ ]** A **[ ]** E **[ ]** I | **[ ]  Certificate IV (or advanced certificates) [ ]** A **[ ]** E **[ ]** I |
| **[ ]  Certificate III (or Trade Certificate) [ ]** A **[ ]** E **[ ]** I | **[ ]  Certificate II [ ]** A **[ ]** E **[ ]** I |
| **[ ]  Certificate I [ ]** A **[ ]** E **[ ]** I | **[ ]  Certificates other than above [ ]** A **[ ]** E **[ ]** I |

|  |  |
| --- | --- |
|  | **H. EMPLOYMENT** |
| **Please tick which BEST describes your current employment status** |
| [ ]  Full Time employee | [ ]  Employed - Unpaid family worker |
| [ ]  Part Time employee | [ ]  Unemployed – Seeking full time work |
| [ ]  Self Employed - Not employing others | [ ]  Unemployed – Seeking part time work |
| [ ]  Employer | [ ]  Not employed – Not Seeking Employment |
| **Which of the following classification BEST describes your current or recent occupation? (Tick one box only)** |
| [ ]  Manager | [ ]  Professional | [ ]  Technician or trade worker |
| [ ]  Community and personal services worker | [ ]  Sales worker | [ ]  Machinery operator and driver |
| [ ]  Clerical and administrative worker | [ ]  Labourer | [ ]  Other |
| **Please tick which BEST classification describes your current or recent area of employment** |
| [ ]  Mining | [ ]  Manufacturing |
| [ ]  Electricity, Gas, Water and Waste Services | [ ]  Construction |
| [ ]  Wholesale trade | [ ]  Retail trade |
| [ ]  Accommodation and Food Services | [ ]  Transport, Postal and Warehousing |
| [ ]  Information, Media and Telecommunications | [ ]  Financial and Insurance Services |
| [ ]  Rental, Hiring and Real Estate Services | [ ]  Professional, Scientific and Technical Services |
| [ ]  Administrative and Support Services | [ ]  Public Administration and Safety |
| [ ]  Education and Training | [ ]  Health Care and Social Assistance |
| [ ]  Arts and Recreation Services | [ ]  Other Services |

|  |  |
| --- | --- |
|  | **I. STUDY REASON**   |
| Of the following categories, which BEST describes your main reason for undertaking this course? |
| **[ ]  To get a job** | [ ]  **To start my own business** | **[ ]  To get into another program of study** |
| **[ ]  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** |  |
| **[ ]  Other** | **[ ]  To develop my existing business** |  |

|  |  |
| --- | --- |
|  | **J. HOW DID YOU HEAR ABOUT US**   |
| [ ]  Email | [ ]  Newspaper | [ ]  Course Guide |
| [ ]  Radio  | [ ]  Employer | [ ]  Social Media |
| [ ]  Existing Customer | [ ]  TV | [ ]  Expo/Events |
| [ ]  Flyers | [ ]  Word of Mouth | [ ]  Industry Consultation |

|  |  |
| --- | --- |
|  | **K. REFERRAL SOURCE**   |
| **Employment Provider:** |  |
| **Contact:** |  |
| **Purchase Order Number:** |  |
| **JSID (if applicable):** |  |

|  |  |
| --- | --- |
|  | **L. ADMINISTRATION USE ONLY**   |
| **Fees and Charges** |  |  |
| [ ]  Cash  | [ ]  Cheque | [ ]  Credit Card |
| [ ]  Direct Debit | [ ]  EFTPOS | [ ]  Purchase Order |
| **VETtrak Number:** |  |  |
| **Authority to invoice:** | **[ ]  Yes [ ]  No** |  |
| **Staff Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
|  | **M. PRIVACY & CONFIDENTIALITY**  |

|  |
| --- |
| I understand that MADEC Community College is required to provide the Victorian Government with student and training activity data which may include information I provide in this enrolment form (please refer to privacy notice below). MADEC Community College respects your rights to information privacy and confidentiality in accordance with privacy laws. |

|  |  |  |
| --- | --- | --- |
| **Name:** **Signature:**  |  | **Date:**   /   /   |

|  |  |
| --- | --- |
|  | **N. DECLARATION** |

|  |
| --- |
| I confirm that:* I agree to abide by MADEC's Student Code of Conduct and all other MADEC policies and procedures.
* I agree to pay all fees and charges applicable to and arising from my enrolment.
* I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
* I am aware in cases where face to face delivery cannot occur, other means of training will be delivered
* I am aware that course refunds are governed by MADEC refunds policy available on their website www.madec.edu.au or on request at a MADEC Training site.
* I agree that in case of an accident or illness where I require medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.
* I acknowledge and agree to the terms described in this privacy statement.
* Where a student initiates a withdrawal by written notice at any time up until commencement, a full refund of fees will be provided less an administration fee of $75.00MADEC Withdrawal & Refund Policy is available at http://www.madec.edu.au/education-training/studentinformation-resources/
* Where a student withdraws after commencement, MADEC will retain all fees except unused materials fee.
* I give permission to MADEC to use photos taken of me as evidence of my assessment where required.
* I give permission to MADEC to use photos taken of me with my consent for marketing and promotional purposes in connection with my participation in any training program as MADEC deems appropriate and have the right to withdraw this consent at any time in writing prior to publication.
* I give MADEC permission to copy the evidence I have provided for eligibility to government subsidised training.
* All information provided is accurate, current and complete.
 |

|  |  |  |
| --- | --- | --- |
| **Name:****Signature:** |  | **Date:**   /   /   |

|  |  |
| --- | --- |
|  | **O. VICTORIAN GOVERNMENT VET STUDENT ENROLMENT PRIVACY NOTICE**  |

|  |
| --- |
| The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).**Collection of your data**MADEC is required to provide the Department with student and training activity data. This includes personal information collected in the MADEC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). MADEC provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at http://www.education.vic.gov. au/training/providers/rto/Pages/datacollection.aspx.**Use of your data** The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. A student's USI may be used for specific VET purposes including the verification of student data provided by MADEC; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies. **Disclosure of your data**As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisation for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER)**Legal and Regulatory** The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).**Survey participation** You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.**Consequences of not providing your information** Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy**Access, correction and complaints** You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact MADEC's Privacy Officer in the first instance by phone 1300 436 332 or email madec@madec.edu.au**[ ]  I acknowledge that I have read the Victorian Government’s VET Student Enrolment Privacy Notice****[ ]  I acknowledge that I completed this form in full** |

|  |  |  |
| --- | --- | --- |
| **Name:****Signature:** |  | **Date:**   /   /   |