

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ADMINISTRATIVE USE ONLY / SYSTEM ID** | | |
| **STL Subsidy #** | | **MADEC student #** | **Training Contract #** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PROOF OF IDENTITY** (Required **current** colour copy) | | |
| **Provide 1 from Column A:** | | **Provide 2 from Column B:** |  |
| **Driver’s Licence** | | **Medicare Card** | **Australian/New Zealand Passport** |
| **Current Student ID Card** | | **Australian Birth Certificate** | **Citizenship Certificate/Approved Visa** |
| **Proof of Age Card** | | **Centrelink Healthcare Card** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A. COURSE DETAILS** | | | | |
| **Course Name:** | |  | | | |
| **Course Code:** | |  | | **Course Location:** |  |
| **Delivery Method:** | | **External** | **Classroom** | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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: | |  |
| **First Name:** | |  | | **Middle Name/s:** |  | | |
| **Surname:** | |  | | **Preferred Name:** |  | | |
| **Country & City of Birth:** | |  | | **Date of Birth:** | /   / | | |
| **Preferred Contact:** | | **Phone** | **Email** | **Mail** | | | |
| **Mobile:** | |  | | **Home Phone:** |  | | |
| **E-mail:** | |  | | | | | |
| **Residential Address:** | |  | | | | | |
| **Suburb/Postcode:** | |  | | **Postal Address:** | **As above  Different from above** | | |
| **Street/Po Box:** | |  | | **Suburb/Post code:** |  | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **E. 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** | |
| **Employer Name:** | |  | **Position:** |  |
| **Employer Address:** | |  | **State/Postcode:** |  |
| **Do you consider yourself to be:** | | | | |
| **N/A** | | **Under-Employed, seeking full-time work** | **Under-Employed, seeking part-time work** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **F. RESIDENCY STATUS** | | | |
| **Australian Citizen** | | **Permanent Resident** | **New Zealand Citizen living in Australia** | |
| **VISA** (provide colour copy of Passport and VISA with this application) **VISA Subclass:** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **G. 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** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **H. SCHOOLING** | | | | | | | |
| **Highest completed school level:** | | | | Year 12 Year 11 Year 10 Year 9 Year 8  Never attended | | | | |
| **What year did you complete this level?** | | |  | | | **Name of school:** |  | |
| **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** | | | | **SACE Student** | | | | |
| **ICAN/FLO Student** | | | | **Please provide your ICAN Exemption Number:** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I. 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** | | **Name of previous qualification:** |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **J. 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 K) | |
| **Physical** | | **Intellectual** | **Vision** | | | |
| **Learning** | | **Hearing/Deaf** | **Mental Illness** | | | |
| **Medical Condition** | | **Acquired Brain Injury** | **Other, please specify** |  | | |
| **If yes, what support can MADEC provide you with?** | | | | | | |
|  | | | | | | |
| **Would you be prepared to get a medical clearance prior to commencing this course?** | | | | **Yes** | | **No** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **K. 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** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **L. HOW DID YOU HEAR ABOUT US** (Tick **ONE** box only) | | | | |
| **Newspaper** | | **TV** | **Course Guide** | **Radio** | **Email** |
| **Social Media** | | **Website** | **Existing Customer** | **Flyer** | **Employer** |
| **Expos/Events** | | **Word of Mouth** | **Industry Consultation** |  | |
| **Other, please specify:** | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **M. CENTRELINK AND JOB SERVICE PROVIDER DETAIL** | | | | | | | | | |
| **Are you registered with Centrelink and in receipt of a concession?** | | | | | | | **No** | **Yes** | | |
| **If yes, please indicate which concession card you hold** (Provide a colour copy of your current concession card)**:** | | | | | | | | | | |
| **Veterans Gold Card** | | **Health Care Card issued by the Commonwealth or** | | | | | | **Pensioner Concession Card** | | |
| **Other, please specify:** | |  | | | | | | | | |
| **Are you under the Guardianship of the Minister?** | | | | **No** | **Yes, Guardianship of Minister No:** | | | | |  |
| **Are you a registered Job Seeker?** | | | **No** | **Yes** | | **JSID No:** | | |  | |
| **Job Service Provider:** | |  | | | | **Job Coach Name:** | | |  | |
| **Job Coach Email:** | |  | | | | **Job Coach Phone:** | | |  | |

|  |  |
| --- | --- |
|  | **N. COURSE FEE** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | |
| **Select Payment Method:** | | | | | | | | | | | | | |
| **Cash** | **Credit/Debit Card** | | | **ETF** | **Instalments (direct debit)/Centrepay** | | | | | | **Invoice (details below)** | | |
| **Invoice Details**  **Please indicate who the course will be billed to:** | | | | | | | | | | | | | |
| **Employer** | | | **School** | | **Job Service Provider** | | | | | **Parent/Guardian** | | | |
| **Fees:** | |  | | | | **Purchase order/authorisation required:** | | | | | | **Yes** | **No** |
| **Invoice Contact:** | |  | | | | **Phone:** | | |  | | | | |
| **Business Name:** | |  | | | | **ABN:** | | |  | | | | |
| **Business Email:** | |  | | | | **Business Address:** | | |  | | | | |

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **O. EXCURSION HEALTH CONSENT** | | | | | | | | |
| **Section 1. General Information** | | | | | | | | | |
| Participant’s Full Name: | |  | | | | | Date of Birth: | |  |
| **Section 2. Health Report** | | | | | | | | | |
| Does the student have any medical conditions? (Tick boxes as applicable) | | | | | | | | | |
| Diabetes | | Heart Condition | | | Seizures | | Blackouts | | |
| Allergy | | Travel Sickness | | | Migraine | | Other medical condition | | |
| Describe any allergies, special care or medication required: | | | | | | | | | |
|  | | | | | | | | | |
| Medicare Number: | |  | | | | Ambulance Membership Number: | |  | |
| Do you have Private Health Cover? | | | Yes | No | | Fund Membership Number: | |  | |
| Fund Name: | |  | | | | | | | |
| **IMPORTANT: Students must report any change that may affect the validity of currency of the above information as soon as possible.** | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Section 3. Student Excursion Consent:** | | |
| * In case of an 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, or where I have indicated that I am under the age of 18, that of my parent/legal guardian. * 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, that of my parent/legal guardian * I understand that the health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing my 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 I am 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 an emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. * I understand that my personal information may also be disclosed to emergency services or medical personnel in the event of an emergency. | | |
| **Student Signature:** |  | **Date:**   /   / |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **P. STUDENT PUBLICITY CONSENT AND RELEASE** (Tick **ONE** box only) | | |
| **I,** | | ***(Full Name)*** | **hereby,  DO grant  DO NOT grant** |
| * MADEC Australia the perpetual right and authorisation to record, tape, film, photography, 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/>  **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 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.   **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>. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q. 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 and that this application will be reviewed upon 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://madec.edu.au/education-training/student-info-resources-2/** | | |
| **Student Signature:** | | |  | **Date:**   /   / |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **R. PARENT/LEGAL GUARDIAN DECLARATION** (if participant is under 18 years of age) | | | | | |
| **I,** | | ***(Full Name)*** | | | | **hereby,  DO grant  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. | | | | | | |
| **DO** | | | **DO NOT** | **give permission for the named student to participate in the course/program/project outlined above** | | |
| **DO** | | | **DO NOT** | **give permission for the named student to participate in all day excursions as deemed appropriate by MADEC.** | | |
| **DO** | | | **DO NOT** | **give permission for the named student to be transported in a vehicle provided by MADEC.** | | |
| **DO** | | | **DO NOT** | **I acknowledge that I have received, read and understood the terms and conditions outlined in the Student**  **Handbook.** | | |
| **DO** | | | **DO NOT** | **as the Parent/Guardian agree to pay the course fees for the above-mentioned participant.** | | |
| **Parent/Guardian Signature:** | | | | |  | **Date:**   /   / |

|  |
| --- |
| **Note:**  **Please ensure all signature fields are SIGNED either manually or digitally**  **Email the completed form to** [**training@madec.edu.au**](mailto:training@madec.edu.au) **or**  **alternatively drop the form at the nearest MADEC office** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **S. PRE-TRAINING REVIEW** (Compulsory for all Full Qualification applicants­) | | | |
| **Student 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.** | | | | |
| **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?** | | | **What do you believe are three physical requirements to work in this industry?** | |
|  | |  | **1.** |  |
|  | |  | **2.** |  |
|  | |  | **3.** |  |
| **What are three expectations an employer may have of you when working in this industry?** | | | | |
| **1.** | |  | | |
| **2.** | |  | | |
| **3.** | |  | | |
| **What is your understanding of the minimum requirements to work in this industry?** | | | | |
|  | | | | |
| **As part of studying your qualification you may be required to complete work placement.**  **Do you foresee any barriers to completing work placement?** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please rate your computer skills:** | **No Experience** | **Beginner** | **Intermediate** | **Advanced** |
| I can send and receive emails |  |  |  |  |
| I can attach documents including pictures and send them via email |  |  |  |  |
| I can research on the internet |  |  |  |  |
| I can open and save documents to a secure folder |  |  |  |  |
| I can scan and print |  |  |  |  |
| I can open, use and save word documents |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please confirm if you have access to the following equipment:** | | | |
| **Working computer** | | | **Scanner** |
| **Reliable internet connection** | | | **Printer** |
| **Microsoft Office version 10 or above** | | |  |
| **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?  No  Yes,** please explain below | | | |
|  | | | |
| **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.  For further information please contact your Trainer and Assessor, or MADEC Education and Training SA. | | | |
| **After reviewing the course, do you wish to make an application for RPL?** | | | |
| **No** | **YES - I would like to make an application for RPL** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Transfer** is formal recognition of modules/units completed at another training organisation in Australia. 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. | | | |
| **Do you wish to make an application for Credit Transfer?** | | | |
| **No** | **YES - I would like to apply for Credit Transfer** | | |
| **Declaration:** I agree to actively take part in the Upfront Assessment of Needs including Language Literacy and Numeracy 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:**   /   / |