



# Enrolment Form

Which of the following classifications best describes your current or recent <u>occupation</u> ? (tick ONE box only)			
Managers	<input type="checkbox"/>	Professionals	<input type="checkbox"/>
Technicians and trade workers	<input type="checkbox"/>	Community and Personal Services workers	<input type="checkbox"/>
Clerical and Administrative Workers	<input type="checkbox"/>	Sales Workers	<input type="checkbox"/>
Machinery Operators and Drivers	<input type="checkbox"/>	Labourers	<input type="checkbox"/>
Other	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

Your Address Details			
<b>Usual Address</b>			
<b>Suburb</b>		<b>State</b>	<b>Postcode</b>
<b>Postal Address</b>			
<b>Suburb</b>		<b>State</b>	<b>Postcode</b>

Are you of aboriginal or Torres strait Islander origin?		
Yes , Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>
		No <input type="checkbox"/>
<b>Country of Birth:</b>	Australia <input type="checkbox"/>	Other ( Please specify) <input type="checkbox"/>

Are you currently attending Secondary School?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Highest completed school level?			
Did not go to High school	<input type="checkbox"/>	Year 8 or below	<input type="checkbox"/>
		Year 9 or equivalent	<input type="checkbox"/>
Completed Year 10	<input type="checkbox"/>	Completed Year 11	<input type="checkbox"/>
		Completed Year 12	<input type="checkbox"/>
<b>Year of completion</b>		<b>Last School Attended</b>	

Of the following categories, which best describes your current employment status?			
Full time employee	<input type="checkbox"/>	Part time employee	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>
Unemployed – seeking full time work	<input type="checkbox"/>	Unemployed – seeking part time work	<input type="checkbox"/>
<b>Language/s spoken at home:</b>	English Only <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	
<b>Proficiency in spoken English:</b>	Not at all <input type="checkbox"/>	Not well <input type="checkbox"/>	Well <input type="checkbox"/>
			Very well <input type="checkbox"/>

Do you consider yourself to have a disability, long term condition or other concerns that may affect you ability to complete this course?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, tick any applicable boxes:			
Acquired brain impairment	<input type="checkbox"/>	Hearing/deaf	<input type="checkbox"/>
		Intellectual	<input type="checkbox"/>
		Learning	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Physical	<input type="checkbox"/>
		Vision	<input type="checkbox"/>
		Medical condition	<input type="checkbox"/>
Anaphalactic <input type="checkbox"/>	(Please list Allergies)		Other (Please specify) <input type="checkbox"/>

Have you successfully completed any of the following qualifications?		Yes <input type="checkbox"/>	(If yes, tick applicable box)	No <input type="checkbox"/>
If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification Level				
A – Australian E – Australian Equivalent I - International				
Certificate I	A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>	Certificate II
		A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>
Certificate III or Trade Certificate	A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>	Certificate IV or Advanced
		A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>
Certificate / Technician	A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>	Diploma Level
		A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>
Degree	A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>	Advanced Diploma & Associate Degree Level
		A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>
Bachelor Degree or Higher Degree Level	A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>	Other (please specify)
		A <input type="checkbox"/>	E <input type="checkbox"/>	I <input type="checkbox"/>

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<b>Residency Status</b>	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Victorian Resident
	<input type="checkbox"/> Temporary Protection Visa	<input type="checkbox"/> Holder of a special category Visa (sunClass 444)
	<input type="checkbox"/> East Timorese Asylum Seeker	<input type="checkbox"/> Holder of a Permanent Visa

What is your main reason for undertaking this course? (tick applicable boxes)	
To get a job <input type="checkbox"/>	To try for a different career <input type="checkbox"/>
To develop my existing business <input type="checkbox"/>	To start my own business <input type="checkbox"/>
To get a better job or promotion <input type="checkbox"/>	It was a Requirement for my job <input type="checkbox"/>
I want extra skills for my job <input type="checkbox"/>	To get into another course of study <input type="checkbox"/>
For personal interest or self development <input type="checkbox"/>	Other reasons (please specify) <input type="checkbox"/>

Payment Details
<b>Concession:</b> To be eligible for concession you must hold one of the following cards, or be the dependant, partner or spouse of the cardholder and named on the card – Commonwealth Health Care Card, Pension Card or Veterans Gold Card
<b>Declaration stating we have sighted the following evidence:</b>
Original Card <input type="checkbox"/> Displayed on a Digital Wallet through a Centrelink Express mobile app <input type="checkbox"/> Confirmation from card issuer <input type="checkbox"/>
Name of Authorised Delegate: _____ Signature: _____
Concession Holders Name: _____ Date Sighted: _____
<b>Card Type:</b> Commonwealth Health Care Card <input type="checkbox"/> Pension Card <input type="checkbox"/> Veteran’s Gold Card <input type="checkbox"/>

<b>Payment Amount:</b>	\$ _____
<b>Payment Options:</b>	Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Credit <input type="checkbox"/>

Direct Credit Details	Please use your Full Name as a Reference
<b>Account Name</b>	Murray Adult Community Education - Swan Hill Inc.
<b>BSB Number</b>	633 000
<b>Account Number</b>	168 256 725

Third Party Payment			
<b>Are you a Registered Job Seeker:</b>	YES	NO	<b>Paperwork completed</b>
			YES    NO
<b>Name of Business/Agency</b>		<b>Purchase Order No</b>	
<b>Contact Name</b>		<b>Contact phone no.</b>	

### REFUND POLICY

Students who provide Murray ACE with notification of their withdrawal from a course at least 7 days prior to the course commencement date will be refunded all fees paid less the \$20.00 administration fee. Students are required to complete a Withdrawal Form so we have your banking details as all refunds are issued by Electronic funds transfer directly to your bank account. Student Refunds cannot be made in cash. This may take up to 10 working days.

Upon non-attendance on the student’s behalf, no refund will be given unless a medical certificate is provided.

When a course is cancelled by Murray ACE prior to commencement a full refund of fees will occur. If a new date for the course is set students may choose to carry fees over to new occurrence.

Refund or Credit requests with exceptional circumstances will be considered on a case-by-case basis by the Centre Manager. In the event that Murray ACE Swan Hill Inc. close, all fees paid will be automatically refunded to the student.

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## PRIVACY STATEMENT

I understand that: Murray ACE Swan Hill Inc. is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with students and training activity data which may include information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines are available at:

[www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx](http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx)

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resources allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review. **The Education and Training Reform Act 2006 requires Murray ACE to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.**

For more information in relation to how student information may be used or disclosed please contact Murray ACE administration on 03 5032 3719 or email [learn@macesh.vic.edu.au](mailto:learn@macesh.vic.edu.au).

## PHOTOGRAPHS

I consent to the collection and use of my personal images by photography or video. These images may be used in Murray ACE publications for promotion and advertising as per policies and information in the student handbook.

YES  NO

## APPLICANT SELF DECLARATION

- I declare that the information provided to the Registered Training Organisation (RTO) in this application for study is to the best of my knowledge true, correct and complete at the time of my enrolment/application
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorise my Registered Training Organisation to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Victorian Training Guarantee.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

## AUSTRALIAN CITIZEN DECLARATION

**For applicants eligible for government subsidised training under the Victorian Training Guarantee, the following statement applies:**

- I declare that I am an Australian Citizen; or a holder of a permanent visa; or a New Zealand Citizen; or a VEVO verification that the student holds a valid Bridging visa class E; or a Safe Haven Enterprise visa; or a Temporary Protection visa; or a Bridging visa class F; or a Humanitarian Stay (Temporary) (subclass 449) visa; or a referral to Government Subsidised Training - Asylum Seekers form from the Asylum Seeker Resource Centre or the Australian Red Cross; or Formal confirmation of permanent residence granted by the Department of Home Affairs AND the student's foreign passport or ImmiCard.
- I declare that the information I have provided, including evidence to confirm my date of birth, is correct.
- I declare that to the best of my knowledge and after consultation with my Registered Training Organisation that I meet the Victorian Training Guarantee eligibility criteria.

Student Name: \_\_\_\_\_ (PLEASE PRINT)

Student Signature

Date:

Parent/Guardian Name & Signature  
(if student is under 18 years old)

Parent/Guardian Email - Required

Parent/Guardian Mobile - Required

## PLEASE RETAIN THIS PAGE FOR YOUR INFORMATION

### How to Create USI-

Students can now access the USI Registry System to create USIs. For more information please visit [www.usi.gov.au/your-usi/create-usi](http://www.usi.gov.au/your-usi/create-usi)

The following steps explain how students can create their own Unique Student Identifier (USI):

#### Step 1

The student will need to get one form of ID from the list below ready:

- Driver's Licence
  - Medicare Card
  - Australian Passport
  - Visa (with Non-Australian Passport) for international students
  - Birth Certificate (Australian)
- \*please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
  - Citizenship Certificate
  - ImmiCard

**IMPORTANT:** The details a student enters when they create their USI must match exactly with those shown on their form of ID.

#### Step 2

The student will then go to 'Create your USI' on the USI website and agree to the Terms and Conditions.

#### Step 3

The student will then click on 'Create USI'.

#### Step 4

The student will fill in some personal and contact details which must match exactly the details shown on their form of ID.

#### Step 5

The student will then be asked to enter the details from their form of ID from the list above.

#### Step 6

The student will be required to set their USI account password and questions for security purposes. More information about security check questions can be found on the Student

#### Step 7

They will then see their USI displayed on the screen. If possible please print this page out.

#### Step 8

Students should write down their USI somewhere safe or enter it into their phone for safe keeping.

#### Step 9

**Students will receive their USI by either email, phone or by mailing address (which ever they choose as their preferred contact method when creating their USI).**