



Merinda Park Learning & Community Centre Inc

A0028764B

ABN 69 093 616 835

Melways Ref. 129 F8

RTO 3952

Phone: (03) 5996 9056

141-147 Endeavour Drive, Cranbourne North 3977

Fax: (03) 5996 9434

P.O. Box 7144 Cranbourne North 3977

Email: admin@merindapark.com.au

Web: www.merindapark.com.au

USI _____

SHORT COURSE ENROLMENT FORM

Complete all questions, sign and date the application form. Please use BLOCK LETTERS and tick the appropriate boxes. Submit the completed form with all required supporting documentation.

Vettrak

Office Use Only VSN ID _____ (if under 24yrs) MPLCC Student ID: _____

SECTION A: COURSE DETAILS – TO BE COMPLETED BY INTERVIEWING STAFF MEMBER ONLY

Cert Level	Course Code	Course Name	Day/Night	Length of Course	Start Date	Funding source

Have you previously been enrolled at Merinda Park Learning & Community Centre? Yes No

SECTION B: PERSONAL DETAILS

Date of Birth: ____/____/____ Gender Female Male Title - Mr, Mrs, Miss, Ms (*Please circle*)

Family Name: _____ Given Names: _____

Emergency Contact Name & Number: _____ Relationship: _____

Flat/Unit Number/ Street Number & Street Name: _____

Town/Suburb: _____ P/Code: _____ State/Territory: _____

Home Phone No: _____ Work No: _____

Mobile No: _____ Fax No: _____

Email Address: _____

Citizenship

Please tick one of the following:

- Australia Australian citizen (includes citizens with dual certificates)
- New Zealand New Zealand citizen New Zealand citizen with Australian permanent residency
- Other countries Citizen of country other than Australia or New Zealand **with** Australian Permanent residency

Country of citizenship: _____

Visa sub-class number (from your passport): _____ Type of visa (if known): _____

Citizen of country other than Australia or New Zealand **without** Australian permanent residency

Country and Town/City of Birth

Town/City of Birth _____ (not Country or State)

Were you born in Australia? Yes No (see below) If no, what is your country of birth? _____

Are you of Australian Aboriginal or Torres Strait Islander Descent?

No Yes Aboriginal descent Yes Torres Strait Islander descent Yes Aboriginal and Torres Strait Islander descent

Is English your first language?

Yes No If no, what language is spoken at home? _____

How well do you speak English? (please tick) Very well Well Not well Not at all

Do you have a disability, impairment, allergy or long term medical condition?

Providing information about a disability will not disadvantage your application. This information is collected to ensure that the Centre provides appropriate information on the support services available to students. This information is also collected for statistical and planning purposes.

No (proceed to next section) Yes (please tick one or more of the following):

- Hearing/Deaf Intellectual Mobility Learning Visual Allergy
- Acquired Brain Impairment Physical Mental Illness Medical Condition Epilepsy

Allergy (please specify & treatment) _____

Other (please specify): _____

Previous Study

What is your highest COMPLETED school level? (Tick one box only)

- Year 12 Year 11 Year 10 Year 9 or equivalent Year 8 or lower Did not go to school

In which year did you complete that school level? _____ Are you still attending Secondary School? Yes No

Details of final or current year of attendance Year: _____ Name of School or VET provider _____ State: _____ Country: _____ VSN No _____

Previous Qualification Achieved

Have you successfully completed any of the following qualifications in Australia? Yes (tick applicable boxes) or No

- | | | |
|---|---|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate IV or Advanced |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Diploma or Associate Diploma |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate other than above | |

Study Reason- Of the following categories, which BEST describes your main reason for undertaking this course (Tick one box only)

- | | | |
|---|---|--|
| 01 <input type="checkbox"/> To get a job | 02 <input type="checkbox"/> To develop my existing business | 03 <input type="checkbox"/> To start my own business |
| 04 <input type="checkbox"/> To try for a different career | 05 <input type="checkbox"/> To get a better job or promotion | 06 <input type="checkbox"/> It was a requirement of my job |
| 07 <input type="checkbox"/> I wanted extra skills for my job | 08 <input type="checkbox"/> To get into another course or study | 11 <input type="checkbox"/> Other reasons |
| 12 <input type="checkbox"/> For personal interest or self development | | |

Of the following categories, which BEST describes your current employment status (tick only one box)

Employment Category: Please tick

- | | | |
|--|---|---|
| 01 <input type="checkbox"/> Full time employee | 04 <input type="checkbox"/> Employer | 07 <input type="checkbox"/> Unemployed – seeking part time work |
| 02 <input type="checkbox"/> Part time employee | 05 <input type="checkbox"/> Employed – unpaid family worker | 08 <input type="checkbox"/> Not Employed – not seeking employment |
| 03 <input type="checkbox"/> Self employed – not employing others | 06 <input type="checkbox"/> Unemployed – seeking full time work | |

Payment

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES (To be completed if student enrolling is not responsible for fees)

Name: _____ Phone: _____
Address: _____ Postcode: _____
Driver's Licence # _____ Exp: _____

Please tick

Concession Please show your concession card at reception

Conc. No. _____ Type _____ Copy taken : (office staff only) _____

Invoice Company (attach purchase order)

VISA MasterCard Cheque Cash Money Order
Card Number _____ Expiry Date ____/____/____

Card Holders/s Name _____ Signature _____

Payment for Short Courses

Fees can be paid by Cash, Cheque or EFTPOS VISA/MasterCard. Fees can be paid over the phone with a Credit card or directly deposited into MPLCC bank account. Annual Membership \$5.00 per person per year, non refundable (optional). Course/program costs

are subject to change without notification

Fees must be paid in full for short courses before the course/program commences. Concessions are available for some courses for eligible students. Programs run subject to enrolment numbers. If Merinda Park Learning & Community Centre Inc cancels a course, a full refund of money is paid to the student. If a student withdraws a week or more prior to the commencement of the course a refund of fees will be paid unless it affects the running of the course. If a student withdraws within less than 7 days of the course commencing no refund will be given.

Applicant's Declaration and Privacy Statement

I understand that:

- MPLCC is required to provide the Victorian Government, through The Department of Education & Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at 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, communication, resource 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 MPLCC 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 MPLCC 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 further information in relation to how student information may be used or disclosed please contact the CEO on 5996 9056 or email admin@merindapark.com.au. I acknowledge and agree to the terms described in this privacy statement.

I, hereby authorise Merinda Park Learning & Community Centre Inc to share with or obtain information with emergencies services, local doctors, case managers and Government Organisations. I understand that I can withdraw my consent for the release of this information by written notification to Merinda Park Learning & Community Centre Inc.

I accept Merinda Park Learning & Community Centre Inc, terms and conditions as listed

Applicant's Signature _____ Date _____