



Merinda Park Learning & Community Centre Inc

A0028764B

ABN 69 093 616 835

Melways Ref. 129 F8

RTO 3952

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MYOB Vettrak USI _____

MPLCCStudent ID: _____

ENROLMENT FORM

Check the course details on Merinda Park Learning & Community Centre website at www.merindapark.com.au.

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. Office Use Only VSN ID _____ (if under 24yrs)

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

Name of Interviewer: _____

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

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

Have you previously studied part of your selected course(s) at another institution? Yes No

Are you currently enrolled in any other accredited courses? Yes No

Do you have skills and knowledge obtained through work or life experiences outside the formal educational and training system? If so, you may wish to apply for Recognition of Prior Learning (RPL) status. Please see the VET Manager for further details.

SECTION B: PERSONAL DETAILS (Legal name must be the name you use to obtain a USI)

Date of Birth: ____/____/____ Gender Female Male Indeterminate/Intersex/Unspecified

Title - Mr, Mrs, Miss, Ms (*Please circle*) Single / one (1) name only

Legal Given Names including middle names (required for USI) : _____

Legal Family Name: _____

Home Address where student usually resides (must be in Victoria)

Building/Property Name: _____

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

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

Contact Information

Home Phone No: _____ Work No: _____

Mobile No: _____ Fax No: _____

Email Address: _____

Emergency Contact Name & Number: _____ Relationship: _____

Postal Address

Same as home address Yes No (if No, please complete details below)

Building/Property Name: _____

Number and Street Name _____

PO Box or Roadside Delivery Box: _____

Town/Suburb _____ Postcode: _____

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? _____

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

Are you of Australian Aboriginal or Torres Strait Islander Origin?

- 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)

- Completed Year 12 Completed Year 11 Completed Year 10 Completed Year 9 or equivalent
- Year 8 or lower Never attended 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? yes (tick applicable boxes) or No

If Yes, please enter one of these Prior Education Achievement Recognition Identifiers, any applicable qualification level. A – Australian E – Australian equivalent I – International Note: if you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E – Australian equivalent 3. I – International	A E I
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma (or Associate Diploma)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or Trade Certificate)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate other than the above	

Job Seeker

Are you a registered Job Seeker Yes No Job Seeker Number: _____

Victorian Student Number

To be completed by all students aged up to 24 years.

Since 2009 in schools and since 2011 for Vocational Education and Training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Do you have a Victorian Student Number (VSN)? Yes No

Enter your Victorian Student Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No more questions if you provided your VSN.
Have you attended any Victorian School since 2009 or done any training with a Vocational Education and Training (VET) registered training organisation or an Adult Community Education provider in Victoria since 2011?	<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. No more questions if you answer No above.
	<input type="checkbox"/> Yes – I have attended a Victorian school since 2009. Most recent Victorian school attended: And/or <input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011.
	List the most recent training organisation with which you have participated in training in Victoria since 2011 (list up to 3 training organisation)

Unique Student Identifier (USI)

From 1 January 2015 MPLCC can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a USI. If you have not obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device or provide your information to MPLCC to obtain your USI on your behalf.

Do you have a USI?	<input type="checkbox"/> Yes. If so number: _____ <input type="checkbox"/> No.
Do you give permission for MPLCC to obtain a USI on your behalf using the information obtained on this enrolment form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

All documentation copied to enable MPLCC to apply for a USI on your behalf as proof of identity and proof of Victorian residential address, will be retained in your student file for 30 years along with this enrolment form, financial details, results and log bookj (if applicable).

Employment

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

Which of the following classifications BEST describes your current or recent occupation? (tick only one box) (If unemployed go to “Study Reason” section).

Employment Category: Please tick

- | | |
|--|---|
| 01 <input type="checkbox"/> Manager | 06 <input type="checkbox"/> Sales Workers |
| 02 <input type="checkbox"/> Professionals | 07 <input type="checkbox"/> Machinery Operators & Drivers |
| 03 <input type="checkbox"/> Technicians and Trade Workers | 08 <input type="checkbox"/> Labourers |
| 04 <input type="checkbox"/> Community & Personal Service Workers | 09 <input type="checkbox"/> Other |
| 05 <input type="checkbox"/> Clerical & Administrative Workers | |

Which of the following classifications BEST describes the Industry of your current or previous Employer? (tick only one box) (If unemployed go to next section).

Employment Category: Please tick

- | | |
|---|--|
| A <input type="checkbox"/> Agriculture, Forestry & Fishing | K <input type="checkbox"/> Financial & Insurance Services |
| B <input type="checkbox"/> Mining | L <input type="checkbox"/> Rental, Hiring & Real Estate Services |
| C <input type="checkbox"/> Manufacturing | M <input type="checkbox"/> Professional, Scientific & Technical Services |
| D <input type="checkbox"/> Electricity, Gas, Water & Waste Services | N <input type="checkbox"/> Administrative & Support Services |
| E <input type="checkbox"/> Construction | O <input type="checkbox"/> Public Administration & Safety |
| F <input type="checkbox"/> Wholesale Trade | P <input type="checkbox"/> Education & Training |
| G <input type="checkbox"/> Retail Trade | Q <input type="checkbox"/> Health Care & Social Assistance |
| H <input type="checkbox"/> Accommodation & Food Services | R <input type="checkbox"/> Arts & Recreation Services |
| I <input type="checkbox"/> Transport, Postal & Warehousing | S <input type="checkbox"/> Other Services |
| J <input type="checkbox"/> Information Media & Telecommunications | |

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (tick only one box)

Employment Category: Please tick

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

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 _____ Sighted: (office use only) _____
Exp: _____

All participants are eligible to become a financial member of Merinda Park Learning & Community Centre. The membership fee is \$5.00 per person per year. (Optional) Membership forms are available from reception.

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 ____/____/____ Amount \$ _____

Card Holders/s Name _____ Signature _____

Payment for Accredited Courses

A deposit is required on booking for a course/program. Concessions are available for some courses for eligible students. Programs run subject to enrolment numbers. Accredited courses require a **non-refundable** deposit of \$200.00. Students will be invoiced at the beginning of each semester or term. Students will sign up to a payment plan arrangement. NOTE: Where students are enrolled in courses by agencies assisting or advocating on behalf of those students and the agency is funded (usually by the Commonwealth) to assist those students and will be paying the fee, the full fee applies. NO CONCESSION APPLIES IN THIS CASE

General Payment Information

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. Course/program costs are subject to change without notification

Applicant's Declaration and Privacy Statement

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

MPLCC is required to provide the Department with student and training activity data. This includes personal information collected in the MPLCC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

MPLCC 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/ro/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 MPLCC, 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 organisations 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 Regulations 2017 (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). 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).

Under the Data Provision Requirements 2012 MPLCC is required to collect personal information about you and to disclose that personal information to the National Centre for Vocation education research (NCVER). Your personal information including the personal information on this enrolment form and training activity data may be used or disclosed by MPLCC for statistical, regulatory and research purposes. MPLCC may disclose your personal information for these purposes to a third party. Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET transcripts,
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates for policy, workforce planning and consumer information and administering VET, including program administration, regulation, monitoring and evaluation.

This is all collected, held, used and disclosed in accordance with the Privacy Act 1988 (Cth)

Survey participation

You may be contacted to participate in a survey conducted by NCVET 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 NCVET 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 Skills First 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 the CEO in the first instance by phone 5996 9056 or email ceo@merindapark.com.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

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.

APPLICANT SELF DECLARATION

PART A: To be completed by all applicants (including applicants completing PART B section)

- I declare that the information provided to MPLCC 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 consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above
- 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 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 MPLCC
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorise MPLCC to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Skills First funding.
- I **am not** a prisoner from the Judy Lazarus Transition Centre or a young person required to undertake a course of study pursuant to a community based order.
- I accept MPLCC Inc., Terms and Conditions as listed and included in the Student Handbook I have received.

Applicant Name _____ (Please print)

Applicant's signature _____ Date _____

PART B1: To be completed by applicant (if required to do so) AFTER discussion with RTO regarding eligibility requirements for government subsidised training.

For applicants eligible for government subsidised training under the Skills First, the following statement applies:

- I declare that I am an Australia Citizen; or a holder of a permanent visa; or a holder of a Special Category Visa (sub class 444, New Zealand); or an East Timorese Asylum Seeker; or a holder of a Temporary Protection Visa Holder; or a holder of a referral form from the Asylum Seeker Resource Centre confirming me as an "Asylum Seeker"; or a holder of a referral form from the Australian Red Cross confirming me as a Victim of Human Trafficking.
- 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 MPLCC that I meet the Skills First eligibility criteria.

Applicant's signature _____ Date _____

PART B2: To be completed by the Registered Training Organisation

I confirm that the applicant has been informed of the eligibility requirements for government subsidised training under the Skills First, and that the applicant is aware of the consequences arising from a false, misleading or an incomplete declaration.

RTO Representative _____ Position _____

RTO Representative Signature _____ Date _____

PART C: For applicants under the age of 18 at the time of enrolment, this form must be signed by a Parent/Guardian.

As the Parent/Guardian of applicant identified above, I confirm that all information provided to confirm eligibility for government subsidised training is to the best of my knowledge true, correct and accurate.

Parent/Guardian's Name _____ (Please print)

Parent/Guardian's signature _____ Date _____

Contact Details _____

How did you hear about us? (Please tick)

Advertising

Word of Mouth

Web/Internet

Other