



# Merinda Park Learning & Community Centre Inc

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## 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](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, 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](mailto: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 \_\_\_\_\_