

ADMINISTRATIVE USE ONLY – SYSTEM ID		
STL Subsidy#	MADEC Student #	Training Contract #

PROOF OF IDENTITY – PROVIDE ONE COLOUR COPY FROM EACH COLUMN	
Column A	Column B
<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Drivers Licence
<input type="checkbox"/> Australian Birth Certificate	<input type="checkbox"/> Current Student ID Card
<input type="checkbox"/> Australian/New Zealand Passport	<input type="checkbox"/> Proof of Age Card
<input type="checkbox"/> Citizenship Certificate or approved VISA	

A. COURSE DETAILS	
Course Code:	Course Location:
Course Name:	

B. UNIQUE STUDENT IDENTIFIER	
USI Code: (10xCharacters)	
I have not applied but I give MADEC permission to create my USI	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. COURSE DETAILS	
Applicant Status:	<input type="checkbox"/> VET in Schools <input type="checkbox"/> Fee For Service <input type="checkbox"/> Trainee <input type="checkbox"/> Other
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx Date of Birth:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified
First Name:	
Middle Name:	
Surname:	
Student Contact Details:	Mobile: School Email:
Residential Address:	Post Code:
Postal Address if different:	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)	
<input type="checkbox"/> Full Time <input type="checkbox"/> Employer <input type="checkbox"/> Unemployed – Seeking full time work <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed – Not employing others <input type="checkbox"/> Unemployed – Seeking part time work <input type="checkbox"/> Casual <input type="checkbox"/> Employed – Unpaid family worker <input type="checkbox"/> Unemployed – Not seeking employment	
Employer Name:	Position:
Post Code:	

F. RESIDENCY STATUS (Please tick one box)

- Australian Citizen Permanent Resident New Zealand Citizen living in South Australia
 VISA (Please specify VISA number):

G. LANGUAGE AND CULTURAL DIVERSITY

Country of Birth (If not Australia):		Town of Birth:	
Do you speak a language other than English at home?	<input type="checkbox"/> No English only	<input type="checkbox"/> Yes, please specify language :	
How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well <input type="checkbox"/> Not At All
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander	

H. SCHOOLING

Are you still attending secondary School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest COMPLETED School level?	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 09 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 08 or below <input type="checkbox"/> Year 10	<input type="checkbox"/> Did not go to School	In what YEAR did you complete this level?
School Name:			
VET Coordinator or Case Manager:			

I. PREVIOUS QUALIFICATION ACHIEVED

Have you successfully achieved any higher-level qualification? Yes No
 Certificate I Certificate II Certificate III
 Certificate IV Diploma (or Associate Diploma) Advanced Diploma or Associate Degree
 Bachelor Degree or higher

Name of previous qualification:

J. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS

Do you consider yourself to have a disability, impairment or long-term condition? Yes No
 Physical Intellectual Vision
 Learning Hearing/Deaf Mental Illness
 Medical Condition Acquired Brain Injury Other
 If other please specify:

If yes what support could MADEC provide you with:

Would you be prepared to get a medical clearance prior to commencing this course Yes No

K. STUDY REASON

Which BEST describes your main reason for undertaking this training? (Tick ONE box only)

To get a job To develop my existing business To start my own business
 To try a different career To get a better job or promotion It was a requirement of my job
 I wanted extra skills for my job For personal interest/self-development
 To get into another course of study

L. HOW DID YOU HEAR ABOUT US

Which BEST describes how you heard about this course/traineeship/apprenticeship? (Tick ONE box only)

- | | | | | |
|---------------------------------------|---------------------------------------|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Course Guide | <input type="checkbox"/> Radio | <input type="checkbox"/> Email |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Expos/Events | <input type="checkbox"/> Existing Customer | <input type="checkbox"/> Flyers | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Other | | | | |

M. EXCURSION HEALTH REPORT

Students Full Name:

Date of Birth:

Does the student have any medical conditions? (Tick boxes as applicable)

- | | | | | |
|--|-----------------------------------|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Allergy | <input type="checkbox"/> 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:

N. EXCURSION HEALTH CONSENT

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:

Parent/Guardian Signature:

Date:

O. STUDENT PUBLICITY CONSENT AND RELEASE (Tick ONE box only)

I, _____, hereby DO grant DO NOT grant

- MADEC Australia the perpetual right and authorisation to record, tape, film, photograph, 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 us 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 participant in a National Vocational Education Research survey or a Department endorsed project of 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

- All student withdrawals MUST be in writing from the Student's Home School's VET Coordinator and emailed to vetinschools@madec.edu.au
- Students that withdraw after four and a half weeks from the course commencement date will be required to pay the full invoiced amount. If students withdraw before this date there will be no cost incurred, the withdrawal must be received in writing from the Student's Home School's VET Coordinator prior to the four and half week cutoff.
- 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>.

P. 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:

Q. PARENT/LEGAL GUARDIAN DECLARATION (If participant is under 18 years of age)

I 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.

- | | | |
|-----------------------------|---------------------------------|--|
| <input type="checkbox"/> Do | <input type="checkbox"/> Do Not | give permission for the named student to participate in the course/program/project outlined above. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do Not | give permission for the named student to participate in all day excursions as deemed appropriate by MADEC. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do Not | give permission for the named student to be transported in a vehicle provided by MADEC. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do Not | as the Parent/Guardian agree to pay the course fees for the above-mentioned participant to the Home School of the student. |

Parent/Guardian Signature:

Date:

R. PRE-TRAINING REVIEW (Compulsory for all 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.

You will also be required to complete an on-line Language, Literacy and Numeracy Assessment. The LLN assessment is based on the qualification, job role and required level of language, literacy and numeracy that the course and industry require. The VETiS administration team will contact you with further information.

1. Write a paragraph on what you hope to gain from undertaking this qualification.

2. Write a paragraph on what interested you in pursuing this career pathway.

3. What are three personal qualities that are important for someone working in this industry?

4. What do you believe are three physical requirements to work in this industry?

a)

a)

b)

b)

c)

c)

5. What are three expectations an employer may have of you working in this industry?

a)

b)

c)

6. What do you require as the minimum for working in this industry?

7. As part of studying your qualification you will be required to complete up to 240 hours of placement. Do you foresee any barriers to completing this placement?

8. You may be required to get a DCSI and/or National Clearance to complete, do you foresee any issues with this?

Yes (if so please explain why)

No

9. Have you completed the **IMPORTANT INFORMATION FOR VACCINATIONS** document? Yes No

If you are unable to complete this form please explain why?

Please rate your computer skills	No Experience	Beginner	Intermediate	Advanced
I can send and receive emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can attach documents including pictures and send them via email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can research on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open and save documents to a secure folder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can scan and print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open, use and save Word documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please confirm if you have access to the following equipment:

- Working computer
- Reliable internet connection
- Printer
- Scanner
- 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 or family?

- Yes No

If you ticked yes, please describe:

After reviewing the course, do you wish to make an application for RPL?

- Yes No

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

Do you want to make an application for Credit Transfer?

- Yes No

Credit Transfer is formal recognition of modules/units completed at another training organisation.

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.

Declaration: I agree to actively take part in the LLN 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: