

## 2021 ENROLMENT FORM

|                          |    |
|--------------------------|----|
| Course or Activity Name: |    |
| Course Code:             |    |
| Start Date:              |    |
| Total Course Fees:       | \$ |

| PERSONAL DETAILS   |                                                                                                                                                   |                    |  |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| Title:             | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other | Date of Birth:     |  |
| Legal Given Names: |                                                                                                                                                   | Legal Family Name: |  |
| Gender:            | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified                                                | Email:             |  |
| Phone Mobile:      |                                                                                                                                                   | Phone Other:       |  |

|                                         |  |        |           |
|-----------------------------------------|--|--------|-----------|
| Residential Address: (No. & street)     |  |        |           |
| Suburb/Town:                            |  | State: | Postcode: |
| Postal Address: (if different to above) |  |        |           |
| Suburb/Town:                            |  | State: | Postcode: |

| EMERGENCY CONTACT DETAILS |  |                      |  |
|---------------------------|--|----------------------|--|
| Contact Name:             |  | Relationship to you: |  |
| Phone Mobile:             |  | Phone Other:         |  |

| SCHOOLING                                                                                                                                                                                                                                |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Are you still attending secondary school?                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the highest COMPLETED school level? (Tick ONE box only)                                                                                                                                                                          |                                                          |
| <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or Equivalent <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Never attended school |                                                          |
| In which YEAR did you complete that school level? (e.g. 2007)                                                                                                                                                                            |                                                          |

| EMPLOYMENT STATUS                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Of the following categories, which BEST describes your current employment status? (Tick ONE box only)                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Full-time employee<br><input type="checkbox"/> Part-time employee<br><input type="checkbox"/> Self-employed<br><input type="checkbox"/> Employer                                                                                              | <input type="checkbox"/> Employed - unpaid worker in a family business<br><input type="checkbox"/> Unemployed - seeking full-time work<br><input type="checkbox"/> Unemployed - seeking part-time work<br><input type="checkbox"/> Not employed - not seeking employment |
| Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)                                                                                                                                                           |                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Clerical and Administrative Workers<br><input type="checkbox"/> Community and Personal Service Workers<br><input type="checkbox"/> Labourers<br><input type="checkbox"/> Machinery Operators and Drivers<br><input type="checkbox"/> Managers | <input type="checkbox"/> Other<br><input type="checkbox"/> Professionals<br><input type="checkbox"/> Sales Workers<br><input type="checkbox"/> Technicians and Trade Workers                                                                                             |

**Which of the following classifications BEST describes your current or recent occupation?** (Tick ONE box only)

- |                                                                     |                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Accommodation and Feed Services            | <input type="checkbox"/> Manufacturing                                   |
| <input type="checkbox"/> Administrative and Support Services        | <input type="checkbox"/> Mining                                          |
| <input type="checkbox"/> Agriculture, Forestry and Fishing          | <input type="checkbox"/> Other Services                                  |
| <input type="checkbox"/> Arts and Recreation Services               | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Public Administration and Safety                |
| <input type="checkbox"/> Education and Training                     | <input type="checkbox"/> Rental, Hiring and Real Estate Services         |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Retail Trade                                    |
| <input type="checkbox"/> Financial and Insurance Services           | <input type="checkbox"/> Transport, Postal and Warehousing               |
| <input type="checkbox"/> Health Care and Social Assistance          | <input type="checkbox"/> Wholesale Trade                                 |
| <input type="checkbox"/> Information Media and Telecommunications   |                                                                          |

### QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following Qualifications?

☐ Yes ☐ No

If Yes, please enter ONE of these Prior Education Achievement Recognition Identifiers at any applicable 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:

A   E   I

- ☐ ☐ ☐ Bachelor Degree or Higher Degree
- ☐ ☐ ☐ Advanced Diploma or Associate Degree
- ☐ ☐ ☐ Diploma
- ☐ ☐ ☐ Certificate IV

A   E   I

- ☐ ☐ ☐ Certificate III
- ☐ ☐ ☐ Certificate II
- ☐ ☐ ☐ Certificate I
- ☐ ☐ ☐ Miscellaneous Education (please specify) \_\_\_\_\_

### STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/activity?

- |                                                                     |                                                                    |
|---------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> To get a job                               | <input type="checkbox"/> It was a requirement of my job            |
| <input type="checkbox"/> To develop my existing business            | <input type="checkbox"/> I wanted extra skills for my job          |
| <input type="checkbox"/> To start my own business                   | <input type="checkbox"/> To get into another course or study       |
| <input type="checkbox"/> To try for a different career              | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion           | <input type="checkbox"/> Other reasons (please specify) _____      |
| <input type="checkbox"/> To get skills for Community/Voluntary work |                                                                    |

### LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?

☐ Australia ☐ Other (please specify)

Do you speak a language other than English at home?

☐ No – English Only ☐ Yes, Other (please specify)

How well do you speak English?

☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

Are you Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

### DISABILITY OR IMPAIRMENT

Do you consider yourself to have a disability, impairment or long term condition?

☐ Yes ☐ No

If Yes, please indicate the areas of the disability, impairment or long term condition:

☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental Illness ☐ Acquired brain impairment  
☐ Vision ☐ Medical Condition ☐ Other (please specify) \_\_\_\_\_

### PAYMENT DETAILS

I am paying by

☐ Direct Deposit (Account Name: MACE Inc. BSB: 013-714 Account: 2189-01864)

☐ Cash

☐ Cheque (payable to MACE)

☐ Credit Card (complete details below)

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Card Number

-     -     -

Expiry

-

\*CVV Number

\*3 digit number on back of card

### PRIVACY STATEMENT, VICTORIAN GUARANTEE ACKNOWLEDGEMENT & PAYMENT OF FEES ACCEPTANCE

I understand that:

MACE may be required to provide the Victorian Government, through the Department of Education and Training, 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 <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, 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 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* MACE to collect and disclose my personal information for a number of purposes.

For more information in relation to how student information may be used or disclosed please contact our office on 03 5775 2077 or email [reception@mace.vic.edu.au](mailto:reception@mace.vic.edu.au).

#### Participant Declaration:

- I acknowledge that I have read and understood these terms of enrolment; and
- I acknowledge and agree to the terms described in the Privacy Statement above; and
- I understand the MACE Privacy Policy and am aware I can access this policy on the website [www.mace.vic.edu.au](http://www.mace.vic.edu.au) at any stage; and
- I accept all fees as stated on page one (1) of this enrolment form; and
- I am aware there is a Fees and Refunds Policy available and I can access this policy on the MACE website [www.mace.vic.edu.au](http://www.mace.vic.edu.au) at any stage; and
- I understand I will not be provided with a Certificate of Participation until all fees attributed to this course have been paid.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: Only required for candidates under 18 years of age.

MACE Student Number

MACE Invoice Number