

STUDENT ENROLMENT FORM

(FOR ACEF FUNDED COURSES)

CLIENT/STUDENT DETAILS

Title	<input type="text"/>	e.g. Mr, Mrs, Miss, Ms, Dr, Rev or Hon
Legal First Name	<input type="text"/>	
Legal Middle Name	<input type="text"/>	
Legal Surname	<input type="text"/>	
Date of birth *	<input type="text"/>	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Indeterminate/Intersex/Unspecified/other	

USUAL RESIDENCE

Address *	<input type="text"/>
Suburb/town	<input type="text"/>
State	<input type="text"/>
Post Code	<input type="text"/>

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

Address	<input type="text"/>
Suburb/town	<input type="text"/>
State	<input type="text"/>
Post Code	<input type="text"/>

CONTACT DETAILS

Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Email Address	<input type="text"/>

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?	<input type="checkbox"/> Australia	
	<input type="checkbox"/> Other - please specify	<input type="text"/>
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English Only	
	<input type="checkbox"/> Yes, other - Please specify	<input type="text"/>
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> 1 Aboriginal	<input type="checkbox"/> 2 Torres Strait Islander
	<input type="checkbox"/> 3 Both	<input type="checkbox"/> 4 Neither

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

Please specify

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 11 Hearing/Deaf | <input type="checkbox"/> 14 Learning | <input type="checkbox"/> 17 Vision | <input type="checkbox"/> 99 Unspecified |
| <input type="checkbox"/> 12 Physical | <input type="checkbox"/> 15 Mental Illness | <input type="checkbox"/> 18 Medical condition | |
| <input type="checkbox"/> 13 Intellectual | <input type="checkbox"/> 16 Acquired brain impairment | <input type="checkbox"/> 19 Other | |

Do you require special assistance? Yes No

SCHOOLING

Are you still at school? * Yes No

Please indicate your highest completed secondary schooling level:

- | | | |
|--|---|---|
| <input type="checkbox"/> 02 Did not go to school | <input type="checkbox"/> 09 Completed year 9 | <input type="checkbox"/> 11 Completed year 11 |
| <input type="checkbox"/> 08 Year 8 or below | <input type="checkbox"/> 10 Completed year 10 | <input type="checkbox"/> 12 Completed year 12 |

VICTORIAN STUDENT NUMBER

Victorian Student Number (VSN) *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian school since 2009

Most recent Victorian school attended:

Yes - I have participated in training at a TAFE or other training

List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)

PREVIOUS QUALIFICATION ACHIEVED

Have you successfully completed prior education? Yes No

Please indicate any qualifications you have completed: (you may tick more than one box)

A – Australian

E - Australian equivalent

I - International

A	E	I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	008 Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 Advanced Diploma or Associate Degree level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	420 Diploma or Associate Diploma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	511 Certificate IV or Advanced Certificate/Technician
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	514 Certificate III or Trade Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	521 Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	524 Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	990 Miscellaneous Education (certificates other than above)

STUDY REASON

Which of the following best describes your reasons for undertaking this course or activity?*

- 01 To get a job 05 To get a better job or promotion 11 Other reasons
 02 To develop my existing 06 It was a requirement of my job 12 Personal interest or self development
 03 To start my own business 07 I wanted extra skills for my job 13 To get skills for community/voluntary work
 04 To try for a different career 08 To get into another program or study

SURVEY CONTACT STATUS

Survey contact status

- A Available for survey use D Deceased student I Invalid address/Itinerant student
 C Correctional facility E Excluded M Minor-under age of 15 (not to be surveyed)
 Overseas (address or enrolment)

EMPLOYMENT

Please indicate the best description of your current employment status*

- 01 - Full-time employee 05 - Employed – unpaid worker in a family business
 02 - Part-time employee 06 - Unemployed - seeking full-time work
 03 - Self-employed – not employing others 07 - Unemployed – seeking part-time work
 04 - Self-employed – employing others 08 - Not employed – not seeking employment

Industry of Employment

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

Occupation Identifier

- 1 Manager 6 Sales Workers
 2 Professionals 7 Machinery Operators and Drivers
 3 Technicians and Trades Workers 8 Labourers
 4 Community and Personal Service Workers 9 Other
 5 Clerical and Administrative Workers

CONCESSION

Do you hold a government concession card?

- Yes No

If yes, please indicate the relevant concession card

- A Asylum Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veteran's Gold Card
 H Health Care Card O Other P Pensioner Concession Card
 V Veteran Gold Card Concession Z None

PRIVACY STATEMENT, DECLARATION, MARKETING AND PHOTO CONSENT

Victorian Government VET Student Enrolment Privacy Notice

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

Mount Beauty Neighbourhood Centre Inc. (MBNCI) is required to provide the Department with student and training activity data. This includes personal information collected in the MBNCI enrolment form and unique identifiers such as the Victorian Student Number (VSN).

MBNCI provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at [DET website](#).

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, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

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 Act 2006* (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).

Survey participation

You may be contacted to participate in a survey conducted by NCVER 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 NCVER 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 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 MBNCI's Privacy Officer in the first instance by phone 03 5754 1166 or e-mail info@mountbeauty.org.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to [Victorian State Government Education and Training](#) website.

For further information about Unique Student Identifiers, including access, correction and complaints, go to [Australian Government USI](#) website.

I acknowledge that I have read and agreed to the Victorian Government's VET Student Enrolment Privacy Notice.

I DO/ DO NOT wish to subscribe to receive emails with information about MBNCI courses and newsletters.

I DO/ DO NOT allow photographs/videos of me to be taken as part of my classes at MBNCI to be used in teaching materials, promotional and marketing materials, publications and/or its website.

STUDENT SIGNATURE

DATE.....

Applicant under 18 years

Parent/Guardian Name:.....

Parent/Guardian Signature:.....Date.....

SPONSOR DETAILS

Complete this section if an organisation is paying part or all your fees.

Sponsor name	<input type="text"/>	Contact person	<input type="text"/>
Postal address	<input type="text"/>		
Suburb/Town	<input type="text"/>	Post Code	<input type="text"/>
Email address	<input type="text"/>	Phone no.	<input type="text"/>

I hereby consent to Mount Beauty Neighbourhood Centre Inc. providing my sponsor(s) with result information, and/or copies of certificates and/or statements or attainment.

Student signature _____ Date: ___ / ___ / ___

OFFICE USE ONLY

Course Name	<input type="text"/>	Commencement date	<input type="text"/>
Course Code	<input type="text"/>	Completion date	<input type="text"/>
Course Name	<input type="text"/>	Commencement date	<input type="text"/>
Course Code	<input type="text"/>	Completion date	<input type="text"/>
Course Name	<input type="text"/>	Commencement date	<input type="text"/>
Course Code	<input type="text"/>	Completion date	<input type="text"/>
Course Name	<input type="text"/>	Commencement date	<input type="text"/>
Course Code	<input type="text"/>	Completion date	<input type="text"/>

EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM (OFFICE USED ONLY)

DO NOT LEAVE ANY SECTIONS BLANK

SECTION A: EVIDENCE OF CITIZENSHIP AND AGE

To be completed by an authorised delegate of the Learn Local provider

I confirm that in relation to:
(student's full name):

I have sighted **ONE** of the following: (tick relevant box)

- | | |
|---|---|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship Certificate |
| <input type="checkbox"/> Current green Medicare card | <input type="checkbox"/> Australian Certificate of Registration by Descent |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances (attached) | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa. |

by either: (tick relevant box)

- viewing an original
- viewing a certified copy
- verifying through the Document Verification Service (DVS)
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device
- relying on evidence sighted and retained as part of a previous enrolment
- viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

Where evidence of a student being 17 years of age or over is required* and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also sighted one of the following: (tick relevant box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Current drivers' licence | <input type="checkbox"/> Keypass card | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Current learner permit | <input type="checkbox"/> Proof of Age card | |

*Where a clear determination can be made, the above evidence is not required.

AUTHORISED DELEGATE NAME: _____

SIGNED:

DATE:

/ /