



Migrant Resource Centre North West Region Inc.
 20 Victoria Crescent
 St Albans Vic 3021
 RTO No: 22596
 T: 03 9367 6044
 F: 03 9367 4344
 W: www.mrcnorthwest.org.au
 E: info@mrcnorthwest.org.au

STUDENT ENROLMENT FORM

Students are to complete the following *student enrolment form* and return it to Administration. No enrolment will be processed unless this form is received fully completed by Migrant Resource Centre North West Inc.

A. CONTACT DETAILS

TITLE (Please tick ONE ONLY): Mr Mrs Ms

FAMILY NAME: MIDDLE NAME:

GIVEN NAME/S: PREFERRED NAME (Optional):

DATE OF BIRTH: ____ / ____ / _____ GENDER Male Female

TELEPHONE: (H) (W) (M)

EMAIL ADDRESS:

RESIDENTIAL STREET ADDRESS:

SUBURB: STATE: POSTCODE:

POSTAL ADDRESS SAME AS RESIDENTIAL ADDRESS: YES NO (If No, please fill the section below)

POSTAL STREET ADDRESS:

SUBURB: STATE: POSTCODE:

EMERGENCY CONTACT NAME	RELATIONSHIP	EMERGENCY CONTACT NUMBER:
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***Select the course you wish to enrol into by initialling in the third column below:**

Course Code & Title	Duration in weeks	Student initials	Fees
Language, Literacy and Numeracy	10		\$0 (application fee) or \$0 for concession
CHC33015 Certificate III in Individual Support	30+		\$150 Skills First funded (if eligible) \$30 Skills First funding & Concession card holder (if eligible) Full fee for service \$2450
CHC43015 Certificate IV in Ageing Support	30+		\$250 Skills First funded (if eligible) \$50 Skills First funding & Concession card holder (if eligible) Full fee for service \$3450
CHC43115 Certificate IV in Disability	30+		\$250 Skills First funded (if eligible) \$50 Skills First funding & Concession card holder (if eligible) Full fee for service \$3450

ENTRY REQUIREMENTS:	<input type="checkbox"/> Achieve a minimum of 70% in the Language Literacy and Numeracy assessment <input type="checkbox"/> Applicants must be aged 18 years or above
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B. LANGUAGE & CULTURAL DIVERSITY

AUSTRALIAN RESIDENCY STATUS

- Australian/New Zealand Citizen Australian/New Zealand Resident Visa/Temp Permit

If on Visa /Temp Permit state Code/Description:

Country of Birth (if not Australia): _____

Town of Birth: _____

LANGUAGE SPOKEN AT HOME

- English Other: Please, Specify: _____

HOW WELL DO YOU SPEAK ENGLISH?

- Well Very Well Not Well Not At All

ABORIGINAL OR TORRES STRAIT ISLANDER STATUS

Are you of Aboriginal or Torres Strait Islander Descent? If both, please, tick both YES.

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

C. SPECIAL CONSIDERATION

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

(Please, tick **ONE** box ONLY) YES NO

- Acquired Brain Impairment Hearing /Deaf Physical
 Intellectual Learning Medical Condition
 Mental Illness Vision Other: _____



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SCHOOLING

Are you still attending secondary school? Yes No

What is your highest COMPLETED school year? Tick ONE box ONLY.

- Never Attended School Completed Year 8 or Lower
 Completed Year 9 or Equivalent Completed Year 10
 Completed Year 11 Completed Year 12

In which year did you complete it? _____

At Which School? _____

D. PREVIOUS QUALIFICATION ACHIEVED

Are you currently studying? (Please, tick one): Yes No

If Yes, which course are you currently studying? _____

Have you successfully completed any of the following qualifications?

- YES NO

If Yes, please specify? (Please, tick ANY applicable boxes):

- Certificate I Certificate II Certificate III (or Trade Certificate)
 Certificate IV Diploma (or Associate Diploma)
 Advanced Diploma or Associate Degree Bachelor Degree or Higher Degree

If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.

A – Australian **E – Australian equivalent** **I – International**

Do you have any transcripts/Work experience with units which are equivalent to the ones in the current course?

- Yes No

(If yes, please contact the Administration/Compliance Manager to discuss Credit Transfer options or ask the enrolling officer for a credit transfer application form.)



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RECOGNITION OF PRIOR LEARNING & CREDIT TRANSFER

I wish to apply for RPL Yes No

I wish to apply for Credit Transfer Yes No

I have attached my Credit Transfer Application Form Yes No

EMPLOYMENT

Of the following categories, which BEST describes your current employment status?

- Full-time employee Part-time employee
- Self-employed – not employing others
- Employer Casual
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment
- Employed – unpaid worker in a family business

INDUSTRY OF EMPLOYMENT

Of the following categories, which best describes your current industry? (Tick ONE box only)

- Agriculture, Forestry and Fishing Manufacturing Construction
- Professional, Scientific and Technical Services Wholesale Trade Retail Trade
- Electricity, Gas, Water and Waste Services Clerical & Administrative Workers
- Accommodation and Feed services Transport, Postal and Warehousing
- Information, Media and Telecommunications Financial and Insurance Services
- Rental, Hiring and Real Estate Services Mining
- Administrative and Support Services Public Administration and safety
- Education and Training Health Care and Social Assistance
- Arts and Recreation Services Other Services



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G. WHAT IS YOUR UNIQUE STUDENT IDENTIFIER (USI)?

If you do not have a unique student identifier MRCNWR can obtain one on your behalf/
or search for your existing USI

Do you give permission to MRCNW to create or search on your behalf?

YES NO

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Existing Customer |
| <input type="checkbox"/> Job seeker provider | <input type="checkbox"/> Other |



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STUDENT DECLARATION

In signing the MRCNW enrolment form:

- I declare that the information contained in this application is, to the best of my knowledge, correct and complete at the time of my application.
- I acknowledge that providing 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 the withdrawal of any offer, and /or cancellation of enrolment at the discretion of MRCNW.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorize MRC NW to check all available records to confirm that the information provided is correct.
- I am aware of the conditions that relate to my admission into the course and agree to pay all fees for which I am liable.
- I can view the full, current policies and procedures on MRCNW's website portal provided to me at enrolment and I can contact MRCNW to request a paper copy to be sent to me.
- I confirm that I have read and understood the terms and conditions of enrolment and agree to be bound by them.

USE AND DISCLOSURE

MRC NW may engage third party service providers to perform audits, assessments, training delivery consultation, and the provision of statistical data information to industry training bodies, therefore, the disclosure of information may be necessary. All personal information we provide to them is kept secure; is only used to perform the tasks for which we have engaged them and; is handled in accordance with the National Privacy Principles.

Information will only be used or disclosed for the purpose for which it was collected (the primary purpose) or for a secondary purpose that an individual would reasonably expect. Information can also be disclosed, if required or authorised under law.

For more information in relation to how student information may be used or disclosed, please, contact MRCNW on 03-9367 6044.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ____ / ____ / ____



PRE-TRAINING REVIEW - To be completed by an enrolling officer

The enrolment process must involve a conversation with the student. In it, the following must occur:

	YES	NO
1. Has the student been informed about the location of RPL & Credit transfer application forms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the student been informed about the training and assessment for the course they are enrolling into?	<input type="checkbox"/>	<input type="checkbox"/>
3. Given the student's skills and the outcomes of the course they are enrolling into, is this most appropriate course for them?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the LLN Test been completed & marked?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has attended the induction, pre training Program?	<input type="checkbox"/>	<input type="checkbox"/>

ENROLLING OFFICER NAME: _____

SIGNATURE: _____ DATE: _____

Comments:



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Privacy Statement

I understand that:

The Migrant Resource Centre North West Region Inc. is required to provide the Victorian Government, through the Department of Education and 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 <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, and 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.

Privacy Notice and Student Declaration

The Privacy Notice and Student Declaration is a statement acknowledged by a student to indicate awareness that personal information collected from the student may be used together with training activity information. The privacy statement lists the ways information about the student is held, used, disclosed and managed.

The following is minimum mandatory content for inclusion in a Privacy Notice and Student Declaration.

Privacy Notice

Under the Data Provision Requirements 2012, the Migrant Resource Centre North West Inc., 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 and your training activity data) may be used or disclosed by [Migrant Resource Centre North West Inc., for statistical, regulatory and research purposes.

Migrant Resource Centre North West Inc. may disclose your personal information for these purposes to third parties, including:



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- School – if you are a secondary student undertaking VET, including a school-based
- apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVET;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVET 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.

You may receive an NCVET student survey which may be administered by an NCVET employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVET will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET’s website at www.ncvet.edu.au).

You may receive an invitation to participate in a department endorsed project, an invitation to participate in a the department’s annual student survey and/or be contacted by the department (or persons authorised by the department, for audit, review or investigation purposes).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

*Parental/guardian consent is required for all students under the age of 18.



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SKILLS FIRST PROGRAM

EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to _____
(Student's full name)

I have sighted: an original; or a certified copy; or I have verified through use of a document verification service (where it is possible to do so) **one** of the following:

- | | |
|---|--|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current green Medicare Card | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | <input type="checkbox"/> an Australian citizenship by descent extract |

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's Visa Entitlement Verification Online (VEVO).

AND I have retained:

- a copy of the original or certified copy, or



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the certified copy, or

secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

AND if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth, I have also sighted and retained a copy of:

a current drivers licence, or a current learner permit, or a Proof of Age card, or

a 'Keypass' card

NB: The Training Provider must retain a copy of all documentation used in Section A, as per Section 2 of these Guidelines.



Section B - To be completed by the student

Education history

Q1. The highest qualification I have completed is:

(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government funded courses have you started (commenced) that are at the same level as the one you are applying for now?

Don't answer this question if you are seeking to enrol in a course on the fFoundation Skills List.

0 1 2 3 4+ (circle number)



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Student declaration

I, _____, in seeking to enrol in
(Student's full name)

(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. *(circle appropriate response)*
- b. I AM / AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program. *(circle appropriate response)*
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the Skills First Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Skills First Program.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ Date: _____



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Section C - To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

Training Provider declaration

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Section 3.2 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

(Include full title of qualification/s in which the student is seeking to enrol)

Authorised Training Provider delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

Notes *Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B or C.*



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Certifying Documents

To have a document certified, an individual must take the original and a photocopy to an authorised person. The authorised person must write on every page of the copy document "I have sighted the original document and certify this to be a true copy of the original", sign each statement and provide their designation, for example "Pharmacist".

Authorised persons include:

- a justice of the peace or a bail justice
- a public notary
- an Australian lawyer (within the meaning of the *Legal Profession Act 2004*)
- a clerk to an Australian lawyer
- the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or
- the deputy registrar of the County Court, the principal registrar of the Magistrates' Court or the registrar or the deputy registrar of the Magistrates' Court
- the registrar of probates and the assistant registrar of probates
- the associate to a judge of the Supreme Court or of the County Court
- the secretary of a master of the Supreme Court or of the County Court
- a person registered as a patent attorney under Chapter 20 of the *Patents Act 1990* of the Commonwealth
- a member of the police force
- the sheriff or deputy sheriff
- a member or a former member of either House of the Parliament of Victoria
- a member or a former member of either House of the Parliament of the Commonwealth
- a councilor of a municipality
- a senior officer of a council as defined in the *Local Government Act 1989*
- a registered medical practitioner within the meaning of the *Medical Practice Act 1994*
- a registered dentist within the meaning of the *Dental Practice Act 1999*
- a veterinary practitioner
- a pharmacist
- a principal in the (State) teaching service
- the manager of a bank
- a member of the Institute of Chartered Accountants in Australia or CPA or the National Institute of Accountants
- the secretary of a building society
- a minister of religion authorised to celebrate marriages (not a civil celebrant)
- a person employed under Part 3 of the *Public Administration Act 2004* with a classification that is prescribed as a classification for statutory declarations, or who holds office in a statutory authority with such a classification
- a fellow of the Institute of Legal Executives (Victoria).