

ENROLMENT FORM

Trainees, VTG student and Fee for Service Student

1. Program / Qualification

Name of Program/Qualification:

- | | |
|---|---|
| <input type="checkbox"/> Provide First Aid | <input type="checkbox"/> Provide First Aid Update |
| <input type="checkbox"/> Cardio Pulmonary Resuscitation (CPR) | <input type="checkbox"/> CPR Update |
| <input type="checkbox"/> Pool Lifeguard | <input type="checkbox"/> Pool Lifeguard Update |
| <input type="checkbox"/> Aquatic Technical Operator (ATO) | <input type="checkbox"/> ATO Update (Aquatic Maintenance) |
| <input type="checkbox"/> Fire Warden | <input type="checkbox"/> Advanced Resuscitation |
| <input type="checkbox"/> Disability Awareness | <input type="checkbox"/> Cultural Awareness |
| <input type="checkbox"/> AUSTSWIM | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SIS30313 Certificate III in Fitness | <input type="checkbox"/> SIS40210 Certificate IV in Fitness |
| <input type="checkbox"/> SIS30115 Certificate III in Sport and Recreation | <input type="checkbox"/> SIS40210 Certificate IV in Fitness (Pre-Req) |
| <input type="checkbox"/> SIS30113 Certificate III in Aquatics | <input type="checkbox"/> SIS40412 Certificate IV in Sport and Recreation |
| <input type="checkbox"/> SIS40113 Certificate IV in Community Recreation | <input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management |

Start date:

2. Student Details

Title:	Given Names: (Legal Given Names)	Surname: (Legal Family Name)
Home Address (Street Address ONLY):		
Suburb:	State:	Postcode:
Postal Address if different from above:		
Home Phone:	Mobile:	Work Phone:
Fax:	Date of Birth: __/__/____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Email:	Job Title:	
Emergency Contact Name:	Emergency Contact Phone:	
If you are under 18, please complete the Parent or Guardian Details Parent or Guardian Name: _____ Their relationship to you: _____		
Parent or Guardian Contact Phone:	Contact Email:	

3. Unique Student Identifier (USI)

Enter your Unique Student Identifier (USI)

If you do not already have an USI, please visit www.usi.gov.au to apply.

A USI is a reference number made up of numbers and letters. Creating a USI is free. It creates a secure online record of your nationally recognised training that you can access anytime and anywhere, and it's yours for life. The USI is linked to the National Vocational Education and Training (VET) Data Collection, and this means an individual's nationally recognised training and qualifications gained anywhere in Australia, from different training organisations, will be kept all together. The USI will:

- link a student's VET achievements, regardless of where in Australia they did the course
- let students easily access secure digital transcripts of their achievements (transcripts will be available from April 2016)
- give students more control over their VET information.

MSAC Institute of Training is able to create a Unique Student Identifier on your behalf as it is a requirement for all students studying in Australia after the 1st January 2015. If you would like MSAC Institute of Training to create a USI on your behalf please indicate and sign below.

I give my consent to MSAC Institute of Training to create a Unique Student Identifier on my behalf:

Full Name: _____

Signature: _____ Date: _____

At least one of the below forms of documentation has been supplied for proof of identification for an application for a USI.

- Driver's Licence Medicare Card Passport (Australia)
 Visa (with Non-Australian Passport) Birth Certificate (Australian) ImmiCard
 Certificate of Registration by Descent Citizenship Certificate

4. Victorian Student Number

Do you have a Victorian Student Number?

YES: Enter your Victorian Student Number (VSN):

NO: I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.

YES: But I am unsure of the Victorian Student Number

5. Additional Information

As a registered training organisation (RTO) MSAC Institute of Training is required to comply with the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS), a nationally agreed set of rules that facilitates the collection of consistent and accurate information on the vocational education and training (VET) sector. Please complete the following questionnaire. All information provided will be treated in accordance with MSAC Institute of Training's privacy policy.

6. Citizenship / Residency

Are you an Australian citizen or a permanent resident of Australia? Yes No

If No, please provide your Visa details:

7. Language & Cultural Diversity

Do you speak a language other than English at home? No English only Yes, Other If yes, please specify: _____

How well do you speak English? Very well Well Not well Not at all

8. Aboriginal or Torres Strait Islander Status

Are you of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander Yes, both

9. Disability

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

If you answered YES, please ✓ please indicate the areas of disability, impairment or long-term condition (you may indicate more than one).

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

Do you require special assistance because of the disability? Yes No

How can MSAC Institute of Training assist you to successfully complete the training and assessment of the course or program you have enrolled in?

10. Employment Status

Please ✓ which of the following categories BEST describes your current employment status?

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

11. Employment Details

Name of Employer: _____

If Employed through a Group Training Organisation, Name of Host Organisation: _____

Address (Number and Street): _____

Suburb or Town: _____ Postcode: _____

Contact Person/Supervisor: _____ Phone Number: _____

12. Industry of Employment

If employed tick one of the categories which BEST describes the industry you are employed in? (Tick ONE box only)

- | | |
|--|---|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing | <input type="checkbox"/> B – Mining |
| <input type="checkbox"/> C – Manufacturing | <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services |
| <input type="checkbox"/> E – Construction | <input type="checkbox"/> F - Wholesale Trade |
| <input type="checkbox"/> G - Retail Trade | <input type="checkbox"/> H - Accommodation and Food Services |
| <input type="checkbox"/> I - Transport, Postal and Warehousing | <input type="checkbox"/> J - Information Media and telecommunications |
| <input type="checkbox"/> K - Financial and Insurance Services | <input type="checkbox"/> L - Rental, Hiring and real Estate Services |
| <input type="checkbox"/> M - Professional, Scientific and Technical Services | <input type="checkbox"/> N - Administrative and Support Services |
| <input type="checkbox"/> O - Public Administration and Safety | <input type="checkbox"/> P - Education and Training |
| <input type="checkbox"/> Q - Health Care and Social Assistance | <input type="checkbox"/> R - Arts and Recreation Services |
| <input type="checkbox"/> S - Other Services | |

13. Occupation Identifier

If employed tick one of the categories that BEST describes your occupation in the list of occupation identifiers below. (Tick ONE box only)

- | | |
|--|---|
| <input type="checkbox"/> 1 - Manager | <input type="checkbox"/> 2 - Professionals |
| <input type="checkbox"/> 3 - Technicians and Trades Workers | <input type="checkbox"/> 4 - Community and Personal Service Workers |
| <input type="checkbox"/> 5 - Clerical and Administrative Workers | <input type="checkbox"/> 6 - Sales Workers |
| <input type="checkbox"/> 7 - Machinery Operators and Drivers | <input type="checkbox"/> 8 - Labourers |
| <input type="checkbox"/> 9 - Other _____ | |

14. Secondary Education

Are you still attending secondary school? Yes No

What is the name of your current school or the last secondary school you attended? _____

Please ✓ your highest COMPLETED school level?

- | | | |
|--|---|--|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Completed Year 8 or lower |
| <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 9 or equivalent | <input type="checkbox"/> Never attended school |

In which YEAR did you complete that school level? _____

15. Prior Education completed in Australia

Have you SUCCESSFULLY COMPLETED any of the following qualifications in Australia (please ✓): Yes No

If Yes please ✓ applicable:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bachelor or Higher Degree | <input type="checkbox"/> Certificate IV or Advanced Certificate/Technician | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III or Trade Certificate | <input type="checkbox"/> Certificate other than above |
| <input type="checkbox"/> Diploma or Associate Diploma | <input type="checkbox"/> Certificate II | |

Name of Qualification or Certificate: _____

16. Overseas Education

Have you successfully completed any qualifications overseas?

- Yes (insert qualification below) No (If No, go to next section)

In which country was qualification completed? _____

If Yes, have you had the qualification formally recognised in Australia?

- Yes No (If No, go to next section)

If Yes, please list the authorised Institute it was recognised through: _____

17. Study Reason

Please ✓ which of the following categories BEST describes your main reason for undertaking this course/traineeship? (please tick one box ONLY)

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

18. Victorian Training Guarantee (VTG) Funding (Qualifications Only)

Are you applying for VTG funding? Yes No

Students applying for Victorian Training Guarantee Funded place are required to complete the VTG Eligibility Form and supply the required evidence.

19. Concession for students who are eligible for VTG Funded training

Do you hold one of the following current concession cards AND have it with you for us to copy for your file?

Yes , please specify below and supply copy No (If No, go to next section)

What is the CRN number?

--	--	--	--	--	--	--	--	--	--	--	--

Commonwealth Health Care Card



Pensioner Concession Card



Veterans Gold Card



Card Start Date:

____/____/____

Card Expiry Date:

____/____/____

20. Recognised Prior Learning (RPL) or Credit Transfer

Are you wanting to apply for RPL for any units in this program/qualification? Yes No

Are you wanting to apply for a Credit Transfer of units you already have attained into this program/qualification? Yes No

If you selected yes to the above, we will send you additional information that will need to be completed in order for these to apply. E.g. our RPL Application and evidence form, or Credit Transfer Application and copies of your evidence to support your claim

21. Consent and release form for marketing and promotional material (OPTIONAL)

MSAC Institute of Training is involved in marketing and promotional activities to ensure our success. The marketing and promotional activities we engage in are broad and varied and include traditional marketing methods, such as advertising and the preparation and distribution of marketing material, as well as various reverse marketing strategies.

Throughout your course, we will collect and prepare material to market and promote our services and to attract prospective students and potential business allies.

By signing this form:

- You acknowledge that the material which we will collect and prepare to market and promote our services:
 - may include photos of our students (past and present);
 - may include any testimonials given by our students;
 - may include any comments or statements made by our students and posted to our Facebook page;
 - may be reproduced for any promotional purpose; and
 - will, where applicable, be collected and disclosed in accordance with our Privacy Policy
- You acknowledge that, where necessary, we will take all reasonable steps to protect any material which we collect for marketing and promotional purposes from misuse, unauthorised access, modification and/or non-permitted disclosure.
- You consent to us:
 - taking your photo and reproducing it for any promotional purpose, including;
 - in any publication or other form of marketing material;
 - at MSAC Institute of Training website (or as accessible from it); and
 - at sites such as Facebook
- Using any testimonial which you may give and reproducing it for any promotional purpose, including:
 - in any publication or other form of marketing material;
 - at MSAC Institute of Training website (or as accessible from it); and
 - at sites such as Facebook

- Using any comment or statement which you may post to our Facebook page for any promotional purpose, including;
 - in any publication or other form of marketing material;
 - at MSAC Institute of Training website (or as accessible from it); and
 - at social media sites other than Facebook
- You agree to release us from any claim or cause of action which you might otherwise have had in respect of the reproduction of your photo or any testimonial or post.

Student Signature: _____

Date: _____

Parent or Guardian's Signature for applicants under the age of 18 at the time of signing up to the program/qualification

Signature: _____

Date: _____

22. Declaration

1. I understand MSAC Institute of Training may use my personal information to tell me about products and services and may disclose it to approved third parties (see our Information Privacy Policy). If you would like further information on MSAC Institute of Training's Information Privacy Policy, or on how to view your personal information, please contact the MSAC Institute of Training.
2. MSAC Institute of Training 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 lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations. I have been advised by MSAC Institute of Training that I may be contacted and requested to participate in a NCVET survey or a Department-endorsed project or audit or review. The Education and Training Reform Act 2006 requires MSAC Institute of Training 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.
3. I am aware of the fees and charges.
4. I acknowledge that my participation in the training program for which I have enrolled is subject to the right of the MSAC Institute of Training to cancel or amalgamate classes.
5. I agree to comply with all policies and procedures outlined in the Student Guide, downloadable via www.melbournesportshub.com.au/mit/student-resources
6. I agree to always wear PPE whilst engaged in any training and assessment activity as required.
7. I understand that it is my responsibility to provide all relevant and required documentation.
8. I believe that the training program is in line with my personal objectives and study reasons and will meet my vocational objectives.
9. I indemnify MSAC Institute of Training from any claim or action and for any liability, other than legislative requirements with which MSAC Institute of Training must comply, which may arise or accrue as a result of participation in this training program.
10. I authorise MSAC Institute of Training to obtain any information regarding my enrolment and participation in any training and assessment program provided by any educational institution. This information may include: details of qualifications obtained, Statement of Attainment, Statements of Results and dates on which these were achieved and awarded.
11. I understand the completion of this application for enrolment is not a guarantee of placement in this training program. I will be given an offer for a place should I meet the entry requirements of the training program.
12. I acknowledge that providing any 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, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of MSAC Institute of Training.
13. I declare that the information provided by me in this form is true, accurate and complete to the best of my knowledge and belief.

23. Signature

Student Signature: _____ Date: _____

Parent or Guardian's Signature for applicants under the age of 18 at the time of signing up to the program/qualification

_____ Date: _____

Employer Signature: (if applicable) _____ Date: _____

24. Send this enrolment form

In person, drop this form off to Sports House 375 Albert Road, Albert Park Monday to Friday 8:00 – 17:30, Email it to msacinstitute@ssct.com.au or fax it to 03 9926 1333.

SSCT Staff Only

Area Manager Approval: _____ Date: _____ GL Code: _____

HR Approval: _____ Date: _____

Full Time: Staff / Part Time Staff / Casual

MIT Approval: _____ Date: _____

Forms can also be returned to Whitelion-Youth Connect:-

Mail: 155 Roden Street, West Melbourne Vic 3003 or Email: stride@whitelion.asn.au