EDUCATION AND TRAINING
SA ENROLMENT FORM 2015
Training Organisation Identification (TOID): 3957
ABN: 48 086 804 015

<table>
<thead>
<tr>
<th>ADMINISTRATION USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills for All ID</td>
</tr>
<tr>
<td>Training Contract ID</td>
</tr>
</tbody>
</table>

A. COURSE DETAILS

<table>
<thead>
<tr>
<th>Course Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Code:</td>
<td>Delivery Location:</td>
</tr>
<tr>
<td>Delivery Method:</td>
<td>☐ Classroom Based ☐ External ☐ Online ☐ Traineeship</td>
</tr>
</tbody>
</table>

B. UNIQUE STUDENT IDENTIFIER

☐ I have applied for a USI, the number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

☐ I give MADEC Australia permission to apply for a USI on my behalf, a copy of one of the ID types below has been provided

☐ Driver’s Licence ☐ Medicare Card ☐ Australian Passport

☐ Visa (with Non-Australian Passport) ☐ Citizenship Certificate ☐ ImmiCard

C. PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Title (Please Circle)</th>
<th>DR</th>
<th>MR</th>
<th>MRS</th>
<th>MS</th>
<th>MISS</th>
<th>Gender (Please Circle)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name (Surname)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.O.B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred method of contact</td>
<td>☐ Email</td>
<td>☐ Mobile</td>
<td>☐ Home Phone</td>
<td>☐ Work Phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you do NOT live in South Australia, do you work in South Australia?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please provide the employer’s Town/Suburb:</td>
<td></td>
<td>Post Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. **EMERGENCY CONTACT**

Given Name  
Surname  

Relationship  

Telephone  
Home  Mobile  
Work  

E. **HOW DID YOU HEAR ABOUT US?**

Of the following categories, which BEST describes how you heard about this course/traineeship/apprenticeship (Tick ONE box only)

- Newspaper  
- Word of Mouth  
- Radio  
- TV  
- Flyers  
- Expos/Events  
- Course Guide  
- Website  
- Social Media  
- Employer  
- Email  

F. **COURSE FEES**

Please indicate funding model:

- Skills for All Priority Course  
- Skills for All  
- Fee for Service  
- Other, please specify  

Please indicate who the course will be billed to:

- Attendee  
- Employer  
- Job Service Provider  
- Job Service Provider, MADEC Australia  

Please indicate payment method:

- Cash  
- Cheque/Money Order  
- Electronic Funds Transfer (EFT)  
- Credit Card  
- Debit Card  
- Payment Plan (Centre Pay)  
- Payment Plan (Direct Debit)  

**Invoice Details**

Invoice Contact  
Company Name  
ABN  Purchase Order No.  
Postal Address  
Suburb  State  Post Code  
Telephone  
Work  Mobile  

Authority to Invoice  
(Signature)  

G. **EMPLOYMENT**

Of the following categories, which BEST describes your current employment status (Tick ONE box only)

- Full time Employee  
- Part Time Employee  
- Self Employed – not employing others  
- Employer  
- Employed – unpaid family worker  
- Unemployed – seeking full time work  
- Unemployed – seeking part time work  
- Not Employed – not seeking employment  

If employed, please provide the employers location details below;

Town/Suburb  Post Code  

### H. JOB SERVICES AUSTRALIA PROVIDER/BENEFITS DETAILS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you hold any of the following concessions?</td>
<td>No, Health Care Card, Yes, Pensioners Concession Card</td>
</tr>
<tr>
<td>Job Seeker ID</td>
<td>Are you registered with Centrelink for these following allowances?</td>
</tr>
<tr>
<td>No</td>
<td>Yes, Newstart Allowance, Yes, Youths Allowance</td>
</tr>
<tr>
<td>Yes, Age Pension</td>
<td>Yes, Disability Support Pension, Yes, Parenting Payment (Single)</td>
</tr>
<tr>
<td>Yes, Parenting Payment (Partnered)</td>
<td></td>
</tr>
<tr>
<td>Centrelink Customer Reference Number (CRN)</td>
<td>Expiry</td>
</tr>
<tr>
<td>Are you a Prisoner?</td>
<td>Yes – please contact the Skills for all info line 1800 506 266</td>
</tr>
<tr>
<td>Were you/are you under the Guardianship of the Minister?</td>
<td>Yes – please contact the Skills for all info line 1800 506 266</td>
</tr>
<tr>
<td>Are you a registered job seeker?</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Job Seeker ID</td>
<td>Job Services Provider</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

### I. RESIDENCY

Residency Status – please tick the appropriate box below: (Tick ONE box only)

- Australian Citizen
- Permanent Australian Resident
- New Zealand Citizen living in South Australia (subclass 444)
- East Timorese Asylum Seeker
- Temporary Protection Visa
- Skilled – Regional Sponsored (Provisional) Visa (subclass 487)
- Skilled – Nominated or State Territory Sponsored (subclass 489)
- State/Territory Sponsored Business Owner (Provisional) Visa (subclass 163)
- State/Territory Sponsored Senior Executive (Provisional) Visa (subclass 164)
- State/Territory sponsored Investor (Provisional) Visa (subclass 165)
- Skilled – Regional Sponsored (provisional) Visa (subclass 475 and Subclass 495)

### J. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?

- No
- Other – Please specify

Do you speak a language other than English at home?

- No
- Yes – Please specify

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Are you of Aboriginal or Torres Strait Islander Origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
**K. SCHOOLING**

What is your highest COMPLETED school level?
- □ Year 12
- □ Year 11
- □ Year 10
- □ Year 9
- □ Year 8 or below
- □ Never attended school *(Go to Section L)*

In which year did you complete this level? [ ] [ ] [ ]

Are you still attending secondary school?
- □ Yes
- □ No *(Go to Section L)*

School Name: 

If yes, which of the following applies?
- □ School Based Traineeship/Apprenticeship
- □ Training Guarantee for SACE Students (TGSS) – Please attach ‘Form A’ and ‘Form B’
- □ ICAN/FLO Student – Please provide your ICAN Exception Number:

**L. PREVIOUS QUALIFICATION ACHIEVED**

Have you SUCCESSFULLY completed any of the following qualifications?  
- □ Yes
- □ No *(Go to Section M)*

- □ Bachelor degree or higher
- □ Associate Diploma
- □ Advanced Diploma or Associate Degree
- □ Diploma
- □ Certificate IV
- □ Certificate III
- □ Certificate II
- □ Certificate I
- □ Other – Please Specify

**M. DISABILITY**

Do you consider yourself to have a disability, impairment or long-term condition?
- □ Yes
- □ No *(Go to Section N)*

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) from the following list:
- □ Hearing/Deaf
- □ Physical
- □ Intellectual
- □ Learning
- □ Mental Illness
- □ Acquired Brain Injury
- □ Vision
- □ Medical Condition
- □ Other – Please specify

**N. STUDY REASON**

Of the following categories, which BEST describes your main reason for undertaking this training?
- □ 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
- □ To get into another course of study
- □ For personal interest/self-development
- □ Other – Please specify

**O. ENROLMENT TERMS AND CONDITIONS**

Disclosure of Personal Information Terms

The Department of Industry (previously the Department of Education, Employment, Science and Technology) collects required information from this form for use by the Commonwealth Department of Education and the Department of Employment (previously the Department of Education, Employment and Workplace Relations) 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. 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/](http://www.madec.edu.au/about/privacy-policy/)
O. ENROLMENT TERMS AND CONDITIONS- CONTINUED

Transfer and Withdrawal Terms

- If I withdraw, by written notice, six (6) days or more prior to the commencement of the Training Course then MADEC Australia will refund fees in full less a $75.00 Administration Fee.
- If I withdraw, by written notice, within the five (5) days prior to the commencement of the Training Course then I will be charged the full fee for the Training Course. MADEC Australia will retain all course fees paid with no refund being available and any course fees outstanding will still be payable.
- If I withdraw, by written notice, after the commencement of the Training Course then I will be charged the full fee for the Training Course. MADEC Australia will retain all course fees paid with not refund being available and any course fees outstanding will still be payable.
- If I fail to attend then I will be charged the full fee for the Training Course. MADEC Australia will retain all course fees paid with not refund being available and any course fees outstanding will still be payable.
- 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.
- All enrolment transfer and withdrawal requests must be received in writing, verbal requests will not be accepted.

P. STUDENT DECLARATION

- All the information submitted in this enrolment form and in the attached documents is correct and complete. I acknowledge that if I provide incorrect or incomplete information this may result in the cancellation of my enrolment. I acknowledge that the submission of fraudulent, forged, or otherwise dishonest documentation in support of this application will automatically disqualify me from enrolment.
- I consent to the collection, storage, use and disclosure of my personal information in accordance with MADEC’s ‘Disclosure of Personal Information’ terms and MADEC’s Privacy Policy.
- I agree to pay all fees and charges applicable to and arising from my enrolment in accordance with MADEC’s ‘Transfer and Withdrawal’ terms.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I authorise MADEC, in the event of illness or accident where I require medical treatment, to call an ambulance or seek medical treatment and I accept the responsibility for all associated costs.
- I have been provided with and have read the MADEC Student Information Guide and the MADEC Student Course Guide.

In signing this declaration you acknowledging the statements outlined in the Student Declaration to be true

Name __________________________ Signature __________________________ Date __________

Parent/Legal Guardian, please write name and sign below (if student is under 18 years of age)

Name __________________________ Signature __________________________ Date __________
This page intentionally left blank
Student Privacy Notice

Unique Student Identifier (USI)

Privacy Notice for MADEC Students

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a Unique Student Identifier (USI)

- is collected by the Student Identifiers Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USA; and
  - creating authenticated Vocational Education and Training (VET) transcripts;

- may be disclosed to:
  - Commonwealth and State/Territory government department and agencies and statutory bodies performing functions relating to VET for:
    - the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
    - education related policy and research purposes; and
    - to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - Current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - Schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - The National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - Researchers for education and training related research purposes;
  - Any other person or agency that may be authorised or required by law to access the information;
  - Any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and

- will not otherwise be disclosed without their consent unless authorised or required by or under law.

You are advised that id all information requested is not provided, or is inaccurate; it may affect the Student Identifiers Registrar’s ability to provide you with a USI.

Further information is contained in the MADEC Privacy Policy (http://www.madec.edu.au/about/privacy-policy/) and includes how you can

- access and seek correction of the personal information about them;
- and complain about a breach of privacy and how such complaints will be dealt with.

Please retain this notice for your personal records.