**EDUCATION AND TRAINING SA ENROLMENT FORM**

### A. COURSE DETAILS

<table>
<thead>
<tr>
<th>Course Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Code:</td>
<td></td>
</tr>
<tr>
<td>Start Date:</td>
<td></td>
</tr>
<tr>
<td>Finish Date:</td>
<td></td>
</tr>
<tr>
<td>Delivery Method:</td>
<td>On-campus</td>
</tr>
<tr>
<td>Delivery Location:</td>
<td></td>
</tr>
</tbody>
</table>

### B. STUDENT NUMBERS

- Skills For All No. (if known) ____________
- MADEC Student ID (if known) ____________
- Training Contract No. (if applicable) ____________

### C. PERSONAL INFORMATION

- **Title:**
  - DR [ ]
  - MR [ ]
  - MRS [ ]
  - MS [ ]
  - MISS [ ]
- **Gender:**
  - Male [ ]
  - Female [ ]
- **Surname:**
- **First Name:**
- **Middle Name:**
- **Date of Birth:**
- **Telephone:**
  - Home: ____________
  - Mobile: ____________
  - Work: ____________
  - Fax: ____________
- **Email Address:**
- **Residential Address:**
  - Town: ____________
  - State: ____________
  - Post Code: ____________
- **Postal Address:**
  - Town: ____________
  - State: ____________
  - Post Code: ____________
- **Emergency Contact Name:**
- **Relationship:**
- **Telephone:**
  - Home: ____________
  - Mobile: ____________
If you do not live in South Australia, do you work in South Australia?  [ ] Yes  [ ] No
If yes, please provide the employer’s Town/Suburb: ____________

### D. MEDICAL DETAILS

Do you consider yourself to have a disability, impairment or long-term condition?  [ ] Yes  [ ] No
If YES, tick applicable boxes (you may indicate more than one area)

- Vision [ ]
- Learning [ ]
- Medical Condition [ ]
- Physical [ ]
- Hearing / Deaf [ ]
- Acquired Brain Injury [ ]
- Intellectual [ ]
- Mental Illness [ ]
- Other: (please specify) ____________
### E. EMPLOYMENT DETAILS

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Employee</td>
<td>01</td>
</tr>
<tr>
<td>Part Time Employee</td>
<td>02</td>
</tr>
<tr>
<td>Self Employed (not employing others)</td>
<td>03</td>
</tr>
<tr>
<td>Employer</td>
<td>04</td>
</tr>
<tr>
<td>Employed (Unpaid family worker)</td>
<td>05</td>
</tr>
<tr>
<td>Unemployed (Seeking full time work)</td>
<td>06</td>
</tr>
<tr>
<td>Unemployed (Seeking part time work)</td>
<td>07</td>
</tr>
<tr>
<td>Not employed (Not seeking employment)</td>
<td>08</td>
</tr>
</tbody>
</table>

### F. FAMILY BACKGROUND

Residency Status: *(please tick appropriate box)*

- [ ] 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 475 and subclass 495
- [ ] 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

Are you of Aboriginal and/or Torres Strait Islander origin?  
- [ ] No  
- [ ] Yes, Aboriginal  
- [ ] Yes, Torres Strait Islander

Which country were you born in?  
- [ ] Australia  
- [ ] 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

### G. EDUCATION DETAILS

Are you still attending secondary school?  
- [ ] No  
- [ ] Yes *(current year level & Name of School)*

If YES, which of the following applies:  
- [ ] School Based Apprenticeship, Training Contract  
- [ ] Training Guarantee for SACE Students  
- [ ] Exemption from attending school

What is your highest COMPLETED school level?  
- [ ] Year 12  
- [ ] Year 11  
- [ ] Year 10  
- [ ] Year 9 or equivalent  
- [ ] Year 8 or below  
- [ ] Did not go to school

In what year did you complete this level? ________  
Where? _______________________________________

Since leaving school, have you SUCCESSFULLY completed any qualification?  
- [ ] No  
- [ ] Yes *(tick all applicable boxes below)*
H. REASON FOR STUDY

Of the following categories, which BEST describes your main reason for undertaking this training?

- To get a job
- To start my own business
- To get a better job or promotion
- It was required of my job
- To get into another course of study
- For self Development
- To get a qualification
- To develop my existing business
- To try for a different career
- I wanted extra skills for my job
- For personal interest
- Other (please specify): ____________________________

I. COURSE FEES

Please indicate billing details below:

Bill to:

- Attendee
- Employer

Employer Name: ____________________________________________
ABN: __________________________________________________________
Purchase Order No.: __________________________ (If applicable)
Contact: ________________________________________________________
Postal Address: __________________________________________________
Town: __________________________ State: ____________ Post Code: ______
Telephone: Main: __________________________ Mobile: _________________
Email Address: __________________________________________________

Authority to Invoice: ____________________________________________
(Employer Representative Full Name)
(Signature)

Funding Provided by:  
- Skills for All
- Skills in the Workplace
- Job Services Provider
- Other (please specify): ____________________________

J. HOW DID YOU HEAR ABOUT US?

Tick one box only:

- Newspaper
- Word of mouth
- Radio
- Social Media
- Expo
- Industry Consultation
- Customer
- TV
- Website
- Course Guide
- Existing
K. JOB SERVICES AUSTRALIA PROVIDER/BENEFITS DETAILS

Are you a registered job seeker?  □ No  □ Yes (Please provide Job Seeker ID) ____________________________

Job Services Provider Name: __________________________________________

Contact Name: ___________________________________  Contact Number: ____________________________

Are you registered with Centrelink for these following allowances?  □ No  □ Yes (Please tick applicable box below)

☐ Newstart Allowance  ☐ Youth Allowance  ☐ Age Pension

☐ Disability Support Pension  ☐ Parenting Payment (Single)  ☐ Parenting Payment (Partnered)

Centrelink Customer Reference Number (CRN): ___________________  Expiry: ________________________

Do you hold any of the following concessions?  □ No  □ Yes (Please tick applicable box below)

☐ Health Care Card  ☐ Pensioners Concession Card  ☐ Veterans Affairs Concession Card

L. PRIVACY NOTICE/STUDENT DECLARATION

I understand that:

The Department of Further Education, Employment, Science and Technology collects required information from this form for use by the Commonwealth 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 two 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.

I Declare that:

- I have honestly and accurately provided information contained on this enrolment form.
- I understand any offer or any subsequent enrolment in a Skills for All training place made on the basis of false or misleading information may be withdrawn by the Skills for All Training Provider and/or the Minister for Employment, Higher Education and Skills.
- I agree to pay all fees and charges applicable to, and arising from my enrolment.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I am aware that course refunds are governed by MADEC Australia’s refund policy available on our website www.madec.edu.au or on request at one of our sites.
- I agree that in case of an accident or illness where I require medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.
- I acknowledge and agree to the terms described in this privacy statement.
- If I withdraw, by written/verbal notice, from a MADEC Australia accredited training program at any time before classes commence, then MADEC Australia will retain a 10% Administrative Fee.
- If I withdraw by written/verbal notice after 4 weeks of the units of competency commencing MADEC will retain all course fees with no refund being available.
- I am entitled, at no additional cost, to a Statement of Attainment on withdrawal, cancellation or transfer, prior to completing the qualification, provided I have paid fees in full.

Name: _______________________________  Signature: ___________________  Date:: ____________

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

Name: _______________________________  Signature: ___________________  Date:: ____________