

Valid and Current Photo ID must accompany this form

Office use only – VETtrack No:

Failure to complete all fields and sign this form will result in a delay or non-issuance of a Nationally Accredited Statement of Attainment.

A. COURSE DETAILS

Course code: Course Name:

Course Date: Location:

B. UNIQUE STUDENT IDENTIFIER

I have a Unique Student Identifier code USI Code (10xCharacters)

OR I have not applied, but give MADEC permission for a USI on my behalf.

A Colour Copy of one of the ID types below has been provided:

Drivers Licence Australian Passport Visa (With Non-Australian Passport) ImmiCard
 Medicare Card Australian Birth Certificate Citizenship Certificate

Preferred method of contact: Mail Mobile Email

Town/City of Birth: Country of Birth:

C. PERSONAL DETAILS (Full legal name as on your ID i.e. Drivers Licence or Birth certificate)

Title: MR MRS MS MISS Gender: M – (Male) F – (Female) X - (Indeterminate/Intersex/Unspecified)

Family Name: Given Name:

Middle Name: Date of Birth:

Residential Street Address:

Town/City: State: Postcode:

Postal(if different from above): Your Statement of Attainment will be mailed to this address.

Town/City: State: Postcode:

Phone No: Mobile No: Email Address:

D. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal and/or Torres Strait Islander origin? No Yes – Aboriginal Yes - Torres Strait Islander (If both, please select Yes to both boxes)

In which country were you born? Australia Other (If other please specify)

Do you speak a language other than English at home? No - English only Yes if yes – please specify

How well do you speak English? Very Well Well Not Well Not At All

Are you here on a student visa? No Yes If yes, please contact MADEC on (08) 8307-2007 or training@madec.edu.au

E. EMPLOYMENT

Which **BEST** describes your current employment status? (Tick ONE box only)

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

F. SCHOOLING

Highest completed School Year Level?
 12 11 10 9 8 Never attended What Year did you complete this level?

Still attending School? Yes No Is this Course for SACE? Yes No If Yes - Please list SACE ID & School Name below.

SACE ID(if required): School Name (if SACE student):

G. PREVIOUS QUALIFICATION ACHIEVED

Have you successfully achieved any higher level qualification? No Yes - If Yes, please tick the appropriate level below

| | | | |
|--------------------------------|--------------------------------------|--------------------------------------|--|
| Certificate I | Certificate II | Certificate III or Trade Certificate | Certificate IV (or advanced certificate/technician) |
| Diploma (or associate diploma) | Advanced Diploma or associate degree | | Bachelor Degree or Higher |

Please detail previous certification e.g. Previous First Aid, White Card, RSA etc.

Certificate Type: Certificate Number:

Previous Issuing Authority: Expiry Date:

H. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS

Do you consider yourself to have a disability, impairment or long-term condition? Yes No (Go to section I)

If yes, please select from the following list: Physical Intellectual Vision Learning Hearing/Deaf Mental Illness

Medical Condition Acquired Brain Injury Other If other Please Specify -

If yes, in what way can we provide support?

I. STUDY REASON

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

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

J. COURSE FEES

All relevant FEE information that must be paid to MADEC and payment Terms and Conditions can be found at : www.madec.edu.au/fees-and-charges/

Payment of FEES will be received from - Self/Participant: Yes NO - If NO, Please complete the invoice details below:

INVOICE DETAILS - Please indicate who the course will be billed to : Employer School Parent jobactive Provider

Business/Parent Name: Email Address: Contact Name:

Business Address: Contact No:

Purchase Order No: (if applicable) ABN: FEES: \$

I, (Employer/Agency representative) agree to pay the fees as specified for this course. Signature Date:

DISCLOSURE OF PERSONAL INFORMATION TERMS
 The information you provide may be accessed and/or audited by officers of the Department of State Development (DSD) and by the National Centre for Vocational Education Research (NCVER) for AVETMISS training reporting 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: <https://www.madec.edu.au/about/privacy-policy/>

TRANSFER AND WITHDRAWAL TERMS

- If I withdraw, by written notice, six (6) business days or more prior to the commencement of the training course, MADEC Australia will refund fees in full less a \$75.00 administration Fee.
- If I withdraw, by written notice, within five (5) business days of the commencement of the training course, or fail to attend then I will be charged the full fee for the training course. MADEC will retain all course fees paid with no refund being available and any outstanding course fees 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 cancels the training course a full refund will be issued.

STUDENT DECLARATION

- If under 18 years of age, a Parent/Guardian must complete invoice details and sign below.
- I acknowledge that all the information provided as part of this application is true and correct. I further acknowledge that providing fraudulent, forged or otherwise dishonest documentation or information in support of this application will automatically disqualify me from enrolment.
- By signing this declaration, I give consent to MADEC for the collection and use of my personal information as outlined in the Privacy Policy in the current Student Handbook.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I acknowledge that I have been fully informed about the course

Student Signature: **Date:** / /

Parent / Guardian Signature: **Date:** / /

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|--|---|--|
| Language Literacy and Numeracy (LLN). I can confirm that I have reviewed the enrolment application form and the student is suitable for the AQF Level. | In class support is required and Trainer has been notified of the additional requirements for in-class Support. | Admin Signature: Admin Date of entry: / / |
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