



MIGRANT RESOURCE CENTRE NORTH WEST REGION
STUDENT ENROLMENT FORM 5-2007

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:** _____

Grace period for sighting evidence of concession entitlement

Students must provide evidence of concessional entitlement at the time of enrolment or within a 2 month period if they are waiting for suitable evidence or believe they may be eligible to seek a concessional rate on the their training program.



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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 |
| CHC33021 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 |
| CHC43121 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 |
| CHC42021 Certificate IV in Community Services | 30+ | | \$250 Skills First funded (if eligible) \$50 Skills First funding & Concession card holder (if eligible) Full fee for service \$3450 |

| | |
|----------------------------|--|
| ENTRY REQUIREMENTS: | Achieve a minimum of 70% in the Language Literacy and Numeracy assessment Applicants must be aged 18 years or above |
|----------------------------|--|

Do you have a concession card YES NO



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 _____ Town of Birth: _____

LANGUAGE SPOKEN AT HOME

- English Other: Please, Specify: _____

HOW WELL DO YOU SPEAK ENGLISH?

- Very Well 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: _____

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.)

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)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Clerical & Administrative Workers | |
| <input type="checkbox"/> Accommodation and Food services | <input type="checkbox"/> Transport, Postal and Warehousing | |
| <input type="checkbox"/> Information, Media, and Telecommunications | <input type="checkbox"/> Financial and Insurance Services | |
| <input type="checkbox"/> Rental, Hiring and Real Estate Services | <input type="checkbox"/> Mining | |
| <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Public Administration and safety | |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Health Care and Social Assistance | |
| <input type="checkbox"/> Arts and Recreation Services | <input type="checkbox"/> Other Services | |
| <input type="checkbox"/> N/A | | |

OCCUPATIONAL IDENTIFIER

Of the following categories, which best describes your current occupation?

(Tick ONE box only)

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Professional | <input type="checkbox"/> Labourer / Sales Worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community and personal service Worker | <input type="checkbox"/> Technicians and Trades Worker | | |
| <input type="checkbox"/> Machinery operator and Driver | <input type="checkbox"/> Clerical and Administrative Worker | | |
| <input type="checkbox"/> N/A | | | |

E. STUDY REASON

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



F. VICTORIAN STUDENT NUMBER

If you are aged 24 or under at the time of this enrolment, please, provide your Victorian Student Number below:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Are you new to the Victorian Education system?

Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider.

No, I have attended a Victorian school since 2009.

My most recent Victorian school was: and/or TAFE or training organisation:

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



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"/> |
| 6. Is the student applying for an exemption | <input type="checkbox"/> | <input type="checkbox"/> |

ENROLLING OFFICER NAME: _____

SIGNATURE: _____ DATE: _____

Comments:



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:

- 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;
- NCVER;
- Organisations conducting student surveys; and
- Researchers



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Personal information disclosed to NCVER 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 NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.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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2023 Guidelines about eligibility Version 2.1

ATTACHMENT 1 - SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – DON'T LEAVE ANY SECTIONS BLANK

I confirm that for:

(student's full name):

I have sighted **ONE** of the following:

- | | |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship Certificate |
| <input type="checkbox"/> Current green Medicare card | <input type="checkbox"/> Australian Certificate of Registration by Descent |
| <input type="checkbox"/> New Zealand Birth Certificate | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.11 – 2.15 of the Guidelines About Eligibility (the Eligibility Guidelines) | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> Confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa. |

By Either:

- viewing an original; OR
- viewing a certified copy; OR
- verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Eligibility Guidelines]; OR
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Eligibility Guidelines]; OR
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.8 of the Eligibility Guidelines] OR
- viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

And I have retained **ONE** of the following:

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.5(c) of the Eligibility Guidelines [where verified through the DVS]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Eligibility Guidelines]; OR
- a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

SECTION B1 – ENROLMENT IN A QUALIFICATION AND/OR SKILL SET

TO BE COMPLETED BY THE STUDENT – DON'T LEAVE ANY SECTION BLANK UNLESS YOU ARE ASKED TO SKIP A QUESTION OR GO TO THE DECLARATION – PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DON'T UNDERSTAND A QUESTION

A '**skill set**' means a course with the title 'Course in...' or a single subject, or small group of subjects (for example 'Course in Family Violence').

A '**qualification**' means a course that has 'Certificate' or 'Diploma' in the title (for example, 'Certificate III in Business', 'Diploma of Nursing').

Q1 If you are enrolling in a qualification, how many other **Skills First funded qualifications** have you enrolled in that have started, or will start in the **same calendar year** as the qualification/s you are applying for now?

Don't include the qualification/s or skill sets you are applying for now.

Do include other qualification/s or skill sets you've enrolled in at this or another training provider, but haven't started yet.

N/A 0 1 2 3 4+ (tick answer)

Q2 If you are enrolling in skill set, how many other **Skills First funded skill sets** have you enrolled in that have started, or will start in the **same calendar year** as the skill set you are applying for now?

Don't include the skill set you are applying for now.

Do include other skill set/s you've enrolled in at this or another training provider, but haven't started yet.

N/A 0 1 2 3 4+ (tick answer)

Q3 Not including the qualification or skill set/s you are applying for now, how many other **Skills First funded** qualifications and/or skill sets are you doing at the moment?

0 1 2 3 4+ (tick answer)

Q4 If you are enrolling in a Foundation Skills program, do you have a qualification at a Diploma level or higher?

N/A Yes No (tick answer)

SECTION B2–STUDENT DECLARATION

STUDENT DECLARATION

I, (print your full name):

In seeking to enrol in (write the code and full title of the qualification/s or skill set/s):

Declare the following to be true and accurate statements:

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

SIGNED:

DATE:

SECTION C – TRAINING PROVIDER DECLARATION

TO BE COMPLETED BY THE TRAINING PROVIDER – DON'T LEAVE ANY SECTIONS BLANK

Based on:

- my discussion with the student
- the evidence I have sighted and retained in **Section A**
- the information provided to me by the student in **Section B**

I confirm that the student is: **[CHOOSE ONE]**

- eligible for Skills First funding for the program/s listed below
- not eligible for Skills First funding
- not eligible for Skills First funding, but I have granted an eligibility exemption for the program/s listed below.

(write the code and full title of the program/s in which the student is seeking to enrol)

I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this declaration, I acknowledge that I have reviewed **Sections A** and **B** and have confirmed they have been completed in full.

Authorised Training Provider delegate:

Name:

Position:

Signed

Date:

NOTES

Use this section to record additional detail, relevant eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A

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 signed 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 need to be:

- A Justice of the Peace or a Bail Justice
- A Notary Public
- An Australian lawyer (within the meaning of 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 Deputy Registrar of the Magistrates' Court
- The Registrar of Probates or an 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 a 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 councillor 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 Sector Management and Employment Act 1998 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).

NOTE: You can get the full list from the Reception staff.