



OFFICE USE ONLY			
Receipt No			
Term	1	2	3 4
Wise.Net (Entered date)	___/___/___		
Register No.			
Concession	YES Copy Attached	NO	

Registration Form for Pre-Accredited Courses

Program

Code (office use only):

Title (Please Tick One Box Only)

Mr Miss Mrs Ms Other _____

First name:

Last name: (family name or surname)

Middle Name:

Preferred Name:

Date of Birth: (DD/MM/YYYY) / /

Gender: (Please Tick One Box Only)

Male Female Intersex

Contact Details

Home (Tel):

Work (Tel):

Mobile:

Email:

Current residential address

Flat/Unit No. Street No.

Street Name

Suburb Postcode

Postal address (leave blank if same as above)

Flat/Unit No Street No

Street Name

Suburb Postcode

All students doing nationally recognised training need to have a Unique Student Identifier (USI). Please refer to link below

<http://www.usi.gov.au/students/Pages/default.aspx>

Do you have a Unique Student Identifier (USI)?

Yes

(Please provide us with the USI reference number)

No

We may apply on your behalf, please indicate if you would like The Centre to do so:

No, I will apply and provide details of my USI to The Centre

Yes, I consent to The Centre to apply on my behalf (if Yes please provide details for one of the forms of identity below

Australian Driver Licence

State:

Licence Number:

Medicare Card

Individual reference number (next to your name on Medicare card):

Card colour: (select which applies)

Green Yellow Blue

Expiry date:

Citizenship Certificate

Stock number

Acquisition date

Non-Australian Passport (with Australian Visa)

Passport number

Country of issue

Australian Birth Certificate

State/Territory

If you are aged 24 or below at the time of enrolment please provide us with your Victorian Student Number

Are you new to the Victorian Education System or do not have your Victorian Student Number (VSN)?

Yes I am new to the Victorian Education System.

NO I have never attended a Victorian School, TAFE or other training provider.

Demographic – Mandatory information for funding agency reporting

All questions must be answered by The Centre Participants

Concession

Do you hold any of the following Health care cards?

<input type="checkbox"/>	New start allowance
<input type="checkbox"/>	Aus Study
<input type="checkbox"/>	Pensioner concession
<input type="checkbox"/>	Veteran's Gold
<input type="checkbox"/>	Other (please specify)

Health Care Card Number:

Expiry date:

Medicare Number:

Expiry date:

Special Requirements

Do you have any medical conditions we should know about?

Food Allergies / Restrictions

I consent to The Centre seeking medical assistance if required?

Yes No

Employment

Which of the following best describes your current employment status?

<input type="checkbox"/>	Full-time employee
<input type="checkbox"/>	Part-time employee
<input type="checkbox"/>	Self-employed (not employing others)
<input type="checkbox"/>	Employer
<input type="checkbox"/>	Employed – unpaid worker in a family business
<input type="checkbox"/>	Unemployed – seeking full-time work
<input type="checkbox"/>	Unemployed – seeking part-time work
<input type="checkbox"/>	Not employed – not seeking employment (including retired and under 16 years of age)

Which of the following classification best describes your current or recent OCCUPATION?

<input type="checkbox"/>	Managers
<input type="checkbox"/>	Professionals
<input type="checkbox"/>	Technicians and Trade Workers
<input type="checkbox"/>	Community and Personal Service Workers
<input type="checkbox"/>	Clerical and Administrative Workers
<input type="checkbox"/>	Sales Workers
<input type="checkbox"/>	Machinery Operators and Drivers
<input type="checkbox"/>	Labourers
<input type="checkbox"/>	Other

Which of the following classifications best describes the INDUSTRY of your current or previous Employer?

<input type="checkbox"/>	Agriculture, Forestry and Fishing
<input type="checkbox"/>	Mining
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Electricity, Gas, Water and Waste Services
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Wholesale Trade
<input type="checkbox"/>	Retail Trade
<input type="checkbox"/>	Accommodation and Feed 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"/>	Professional, Scientific and Technical Services
<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

Have you been referred by an Employment Services provider?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Name of provider:

Are you registered for an Apprenticeship or Traineeship?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Name of ACC:

Schooling

Are you still attending secondary school?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

What is your highest COMPLETED school level? (Tick ONE box only)

<input type="checkbox"/>	Completed Year 12
<input type="checkbox"/>	Completed Year 11
<input type="checkbox"/>	Completed Year 10
<input type="checkbox"/>	Completed year 9 or Equivalent
<input type="checkbox"/>	Completed Year 8 or Lower
<input type="checkbox"/>	Never attended school

In which YEAR did you complete that school level?

Country of Birth:

Australia Other – please specify

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Previous qualifications

Have you **SUCCESSFULLY** completed a post-secondary qualification/s?

YES
 NO

If yes, please enter one of this Prior Education Achievement Recognition-

A – Australian E – Australian Equivalent I – International

A	E	I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma of Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV(or Advanced Certificate / Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than above (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None

Have you enrolled in a similar course elsewhere? Y / N

(If you have, you may be eligible for a credit transfer or Recognition of Prior Learning – contact the Training Manager for further information)

Have you been employed in the area covered by the course applied for? Y / N

(If you have you may be eligible for Recognition of Current Competency – contact the Training Manager for further information)

Language and Cultural Diversity

Do you speak a language other than English at home?

English only Other – please specify

How well do you speak English?

Very Well Well Not Well Not at all

Disability

Do you consider yourself to have a disability, impairment, or long-term condition?

YES
 NO

If yes, please indicate the area of disability, impairment or long-term condition.

(You may indicate more than one area)

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

Are You? (Please tick the box who best describe you)

Are you Aboriginal?
 Are you a Torres Strait Islander?
 Are you Aboriginal and a Torres Strait Islander?
 No, I am Neither

International

Non-Australian Passport (with Australian Visa)

Passport number

Country of issue

Next of Kin

Emergency Contact Name:

Relationship to Applicant:

Contact Phone Number:

Address: (leave blank if same as Participant's address)

Street

Yes

NO

Suburb

Postcode

Which of the following best describes why you would like to join this program?

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 or study
 For personal interest and self-development
 Other reason (Please specify)

How did you hear about us?

North and West Melbourne News
 Brochure
 Website
 Friend
 Job agency
 Other (Please specify)

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DECLARATION

Agreement and Contract

- (1) The Applicant confirms that all the information provided in this application is complete and correct.
- (2) The Applicant agrees to be bound by The Centre (hereafter called the provider) rules and regulations in force from time to time, and otherwise to follow acceptable codes of behaviour, attendance and academic performance and show a concern for other Participants.
- (3) Fee Payment
 - 3.1 A monthly fee payment schedule may be arranged with each student on request.
 - 3.2 An invoice will be generated and sent to participants half way through their program, with which they will be required to pay before any confirmation will be issued.
 - 3.3 Changes or variations to this contract requested by the applicant attract a \$25 non-refundable fee.
- (4) Refund Policy
 - Applications for refunds are to be processed by The Centre within 14 days from the date of application.
 - The assessment of refund applications shall be granted as indicated below:

Outline of Refunds	
Withdrawal one week prior to agreed start date	Full refund
Withdrawal after the agreed start date in initial section of program	Pro rata less 10%
Program withdrawn by The Centre	Full refund
The Centre is unable to provide the program for which the original enrolment and payment has been made	Full refund

- Participants may have extenuating circumstances that prevent them from attending scheduled course dates that may include but are not limited to illness, family or personal matters, or other reasons that are out of the ordinary. Where evidence can be successfully provided to support the student's circumstances, course fees may either be transferred to the next available course where applicable, or a refund of unused course fees will be issued. This decision of assessing the extenuating circumstances rests with the CEO and shall be assessed on a case by case situation.
- (5) All refunds are finalised within 14 days of the written request
 - (6) This agreement does not remove your right to take further action under Australian Consumer Protection laws or to pursue other legal remedies.
 - (7) There is a \$10 fee for the issuance of a replacement qualification testamur.

I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student at the provider.

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by The Centre.

I understand that The Centre is required to submit data sourced from this form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my form may be used by The Centre or the following third parties for funding, administrative, regulatory and/or research purposes:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like us The Centre to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted earlier in this form so that we can apply for a USI on your behalf.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

I grant permission / I do not grant permission to The Centre, its employees and agents, to take and use visual/audio images of myself or my child. I release The Centre, its employees and agents, including any firm authorised to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection of the images or printed material used with the images. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I agree to abide by the code of conduct.

Name:

Date:

Signature:

Parental consent required if student is under the age of 18:

Name:

Date:

Signature: