



**MURRAY HUMAN SERVICES Inc**  
**Training and Education**

Registered Training Organisation TOID: 21080 (VIC) 427410 (NSW)

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**2010 Student Enrolment Form**

Training Program Enrolling in: .....

Training Location: .....

**Personal Details**

Surname: .....

Given Name(s): .....

Title: Mr Ms Miss Mrs

Date of Birth: ...../...../..... Current Age: .....

Gender:  Female  Male

**Phone / Email Contact Details**

Home: .....

Work: .....

Fax: .....

Mobile: .....

Email: .....

**Emergency Contact**

Name: .....

Relationship: .....

Phone: .....

Mobile: .....

**Your Street Address**

.....

City.....

State..... Postcode.....

**Your Postal Address**

Postal address is the same as residential

.....

City.....

State..... Postcode.....

**Citizenship Details (proof is required)**

I am a permanent Australian Citizen

I am a holder of a permanent visa

I am a holder of a sub-class 444 Special Category Visa

I am an East Timorese asylum seeker

I am a holder of a Temporary Protection Visa

**Do you have any special needs we need to take into account?**

No

Yes (Please specify): .....

**Training and Coaching Agreement**

I agree;

- To honour MHS Inc T&E's values at all times
- To respect the dates of my personal Training Plan
- To respond to all communications from my MHS Inc T&E Trainer inc emails and phone calls
- To complete my studies by the date I agree to on my personal Training Plan
- That there is one opportunity to defer my studies
- To provide additional assessment work within 10 days of my trainer's request

I acknowledge that I have read the current Student Handbook

Signed: .....

Today's Date...../...../.....

**Company Details (If enrolled as an employee or trainee only.)**

Company Name .....

Company ABN .....

Company Contact Person .....

Phone Number .....

Email .....

Company Address .....

Town .....

State ..... Postcode.....

**Method of Payment**

Cheque  Cash  Invoice  Employer Invoice

Fully funded program (PPP/PETP)

(Student must complete program enrolment form)

Application for Payment plan

Payroll Deduction – MHS Inc Employees Only

\*\*\* PLEASE TURN OVER AND COMPLETE PAGE 2 \*\*\*

**OFFICE USE ONLY**

Program Code: .....  Eligible  Unfunded

Skills Creation  Building  Deepening  ACE

Workplace Trainee

Employer..... Location.....

Public Tenant Employment Program  Productivity Places Program

Min. or Max. Fee \$..... + Unfunded Premium \$.....

Minus Nominal Hours \$..... (Skills Deepening UoC credits only)

Learner Guides  Full Set \$.....  Individual + 25% = \$.....

On-Line Training  Full Set \$ .....  Individual + 25% = \$.....

RPL ..... units @ \$85.00 per unit = \$.....

Police Check \$.....

Workshops x 3 \$..... Administration Fee \$.....

**Total \$.....**

**Signed T&E Manager.....Date...../...../.....**

## Government Statistics

The Federal and Victorian governments require all training and education organisations to collect the following information to assist with the planning of education programs. Your private information is not identified in these statistics and you are required to provide the following information before commencing a training program.

### 1. Are you an of Aboriginal or Torres Strait Islander descent?

- No       Aboriginal       Torres Strait Islander

### 2. In which country were you born?

.....

### 3. Are you currently attending Secondary School?

- Yes       No

### 4. Highest level of Secondary School completed?

- Year 8 or lower       Year 9  
 Year 10       Year 11       Year 12  
 Did not go to High School

### 5. Last year you attended school.....

If you can't remember the year, add the age you were when you left school to the year you were born  
i.e. 15 [years of age when left] + 1963 [year born] = 1978

### 6. What is your employment status?

- Full time employee       Part-time employee  
 Seeking full time work       Seeking part-time work  
 Volunteer       Unpaid family carer  
 Employed – Unpaid work in family business  
 Employer  
 Self Employed – Not Employing Others  
 Unemployed - Not seeking employment

### 7. Study Reason

Which BEST describes your reason for undertaking this course/traineeship?

- To get a job  
 To develop my existing business  
 To start my own business  
 To try for a different career  
 To get a better job/promotion  
 Requirement of current job  
 Extra skills for current job  
 To get into another course of study  
 For personal interest or self-development  
 Other reasons

### 8. What is the main language you speak at home?

.....

### 9. How well do you speak English?

- Excellent       Good       OK       Not very well

### 10. Do you have a disability?

- No  
 Yes (please tick below)  
 Intellectual       Mental Illness  
 Acquired brain impairment       Physical  
 Learning       Medical condition  
 Hearing/Deaf       Vision       Other

### 11. Other Qualifications

Please note that evidence is required to be given for any qualifications you have achieved and state below:

- Certificate I in.....  
 Certificate II in.....  
 Certificate III or Trade Certificate in.....  
.....  
 Certificate/Technician in .....  
.....  
 Certificate IV or Advanced in .....  
.....  
 Diploma or Associate Diploma of.....  
.....  
 Advanced Diploma or Associate Degree of.....  
.....  
 Bachelor Degree or Higher Degree of .....  
.....  
 Other.....

I declare that all information about prior qualifications is correct and true. I understand that Murray Human Services will cross-check the information I have given and if I am found to have given false information I may be liable for the repayment of funds to the Australian Government.