



Murray Human Services Inc. Training and Education

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

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2011 Student Enrolment Form

Training Program Enrolling in:

Training Location:

Course Commencement Date:...../...../.....

Expected Completion Date:/...../.....

Personal Details

Enter your full name:

Title: Mr Ms Miss Mrs

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

Gender (Tick one box): 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.....

2011 ELIGIBILITY - Citizenship (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): _____

Preferred Method of Payment

Cheque Cash Invoice Employer Invoice

Payroll Deduction – MHS Inc Employees Only

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 including 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

Victorian Student Number

Does the student have a Victorian Student number?

Yes- Please specify.....

Yes- but the VSN is unknown

No- the student has never been issued a VSN

I acknowledge that I have read the current Student Handbook

Signed:

Enrolment 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.....

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

OFFICE USE ONLY (2011)

Program Code: Eligible Conc. FFS

Skills Creation Building Deepening ACFE

Workplace Trainee

Public Tenant Employment Program

Parents Returning to Earning.

Tuition Fee \$.....

Learner Guides Full Set \$..... Individual = \$.....

On-Line Training Full Set \$ Individual = \$.....

RPL units only - per unit \$..... x..... = \$.....

Police Check \$.....

Administration Fee \$.....

Total \$.....

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

GOVERNMENT STATISTIC

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. In which country were you born?

- Australia
- Other – Please specify.....

2. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

- No, English Only
- Yes, Other – Please specify.....

3. How well do you speak English?

- Very Well
- Well
- Not well
- Not at all

4. Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

5. What is the Address Location and postcode of the suburb, locality or town in which you usually live?

Suburb, Locality or Town:
Postcode

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

- No
- Yes

(If YES, then please indicate the area of disability, impairment or long term condition: (you may indicate more than one area)

- Intellectual
- Mental Illness
- Physical
- Medical condition
- Learning
- Acquired brain impairment
- Hearing/Deaf
- Vision
- Other

7. Are you still attending secondary school?

- Yes
- No

8. What is your highest completed school level?
(Tick ONE box only)

- Completed Year 12
- Completed Year 11
- Completed Year 10
- Completed Year 9 or Equivalent
- Completed Year 8 or Lower
- Did not go to school

9. In which YEAR did you complete that school level?

.....

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 when left] + 1963 [year born] = 1978

10. 2011 ELIGIBILITY-

Have you SUCCESSFULLY completed any of the following qualifications? If YES, then tick ANY applicable boxes.

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

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

11. Of the following categories, which BEST describes your current employment status?
(Tick ONE box only)

- Full time employee
- Part-time employee
- Self Employed – Not Employing Others
- Employer
- Employed – unpaid worker in family business
- Unemployed - Seeking full-time work
- Unemployed - seeking part-time work
- Not employed - Not seeking employment

12. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?
(Tick ONE box only)

- 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
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

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.

Signature:

Date: .../.../.....