

Domestic Students Enrolment Application Form

Program Details

Please indicate the course(s) you wish to apply for:

DENTAL HEALTH

- HLT35015 Cert. III in Dental Assisting (30 weeks) *
- HLT35115 Cert. III in Dental Laboratory Assisting (15 weeks)
- HLT35015 & HLT35115 Cert. III in Dental Assisting + Cert. III in Dental Laboratory Assisting (36 weeks)
- HLT45015 Cert. IV in Dental Assisting (26 weeks) ^
- HLT55115 Diploma of Dental Technology (95 weeks)

PATHOLOGY

- HLT37215 Cert. III in Pathology Collection (27 weeks)

AGED CARE

- CHC33015 Cert. III in Individual Support (30 weeks) *
- CHC43015 Cert. IV in Ageing Support (52 weeks) *

NURSING

- HLT54115 Diploma of Nursing (74 weeks) *

AUTOMOTIVE TECHNOLOGY

- AUR30616 Cert. III in Light Vehicle Mechanical Technology (52 weeks)
- AUR40216 Cert. IV in Automotive Mechanical Diagnosis (28 weeks)
- AUR30316 Cert. III in Automotive Electrical Technology (52 weeks)
- AUR40616 Cert. IV in Automotive Electrical Technology (28 weeks)
- AUR50116 Diploma of Automotive Management (44 weeks)

BUSINESS MANAGEMENT

- BSB51915 Diploma of Leadership and Management (52 weeks)
- BSB61015 Advanced Diploma of Leadership and Management (52 weeks)

2018			
<input type="checkbox"/>	18/12/2017	<input type="checkbox"/>	22/1/2018
<input type="checkbox"/>	16/7/2018	<input type="checkbox"/>	19/2/2018 *
<input type="checkbox"/>	13/8/2018 *	<input type="checkbox"/>	19/3/2018
<input type="checkbox"/>	10/9/2018	<input type="checkbox"/>	16/4/2018 ^
<input type="checkbox"/>	15/10/2018 ^	<input type="checkbox"/>	14/5/2018 *
<input type="checkbox"/>	12/11/2018 *	<input type="checkbox"/>	11/6/2018

Personal Information (Please print clearly)

Title: Given Name Surname

Gender Male Female Date of Birth/...../.....

Home Address

Suburb State Postcode

Mobile: Email

Ethnicity and Language

- Are you of Aboriginal and/or Torres Strait Islander Origin? Yes No
- If yes, please specify Aboriginal, Torres Strait Islander or both.....
- Were you born in Australia? Yes No
- If no, in which country were you born?
- Do you speak a language other than English at home? Yes No
- If yes, please specify the language spoken:
- How often do you speak English? Regularly Conversation Occasionally Rarely

Citizenship/Residency

To be eligible for the Skills First Program funded training, you must meet the Australian citizen/residency requirements.

Please tick one of the following:

- Australia citizen / New Zealand citizen Special Category Visa-holder (sub-class 444)
- Holder of a Permanent Visa (as a Permanent Resident) East Timorese Asylum Seeker
- Temporary Protection Visa holder A Green Medicare Card
- Formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence
- A signed declaration by a relevant referee Temporary Visa / Bridging Visa

Disability

- Do you consider yourself to have a permanent and significant disability? Yes No
- If Yes, please specify: Sight/visual impairment Hearing
- Intellectual Learning Medical Condition Physical
- Other disability - please give details:

Concessions

Only applies to students who undertake a Certificate III/IV course & are eligible under the Skills First Program.

- Are you currently holding any of the following? Yes No
- If **Yes**, please specify:
- Commonwealth Health Care Card Pensioner Concession Card Veteran's Gold Card

Workplace Based Training (Employer Details)

- Are you intending to enroll as Workplace Based training? No Yes If Yes, Please complete the following details:
- Employer..... Manager/Supervisor:
- Employer Location Address
- Suburb State Post Code
- Contact Number: Contact Email:

Credit Transfer (CT) / Recognition of Prior Learning (RPL)

Credit Transfer (CT) is a process where the student's previous qualifications and statement of attainments is assessed to determine whether credit/exemptions can be granted. **Recognition of Prior Learning (RPL)** is a process where the student's non-formal and informal learning experiences are used to determine the extent of competency for a qualification.

Do you intend to apply for Credit Transfer (CT)? Yes No

Do you intend to apply for Recognition of Prior Learning (RPL)? Yes No

Educational History

Are you still attending Secondary School? Yes No

What is your **highest** completed secondary school education level? Year

In which year did you complete secondary school?..... *USI Number (if known)

Name of Secondary School.....State.....

Since leaving school have you successfully completed any qualifications? Yes No

If yes, please tick **one** of these Prior Education Achievement Recognition Identifiers any applicable qualification level:

A – Qualification has been completed in Australia

E – Qualification has been completed overseas and recognized formally in Australia by AEI-NOOSR

I - Qualification has been completed overseas but not recognized in Australia

A E I Prior Education Achievement

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than the above

Victorian Student Number (VSN, if applicable)

Please detail the **highest** post-secondary qualification(s) you completed since leaving school:

Qualification Name	Name of Institution	State / Country	Year completed

Please detail the **highest** qualifications you are currently undertaking

Qualification Name	Name of Institution	State / Country	Year commence	Year /Month to be completed

Employment

Which of the following best describes your employment status?

- | | | |
|---|--|--|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Part time employee | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Self employed (not employing others) | <input type="checkbox"/> Unemployed – seeking part time work | <input type="checkbox"/> Employed – unpaid family worker |
| <input type="checkbox"/> Unemployed – seeking full time work | <input type="checkbox"/> Not employed – not seeking employment | |

If you are employed, which of the following categories best describe your Occupation? (Tick one box only)

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

Which best describes the industry of your employment? (Tick one box only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Electricity, Gas, Water & Waste | <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transport/Postal/Warehousing | <input type="checkbox"/> Accommodation & Food |
| <input type="checkbox"/> Info Media/Telecommunications | <input type="checkbox"/> Financial & Insurance | <input type="checkbox"/> Rental/Hiring/Real Estate |
| <input type="checkbox"/> Scientific & Technical | <input type="checkbox"/> Administrative & Support | <input type="checkbox"/> Arts & Recreation |
| <input type="checkbox"/> Public Administration & Safety | <input type="checkbox"/> Education & Training | <input type="checkbox"/> Healthcare & Social |
| <input type="checkbox"/> Other _____ | | |

Of the following categories, which best describes your main reason for undertaking this program? (tick one box only)

- | | | |
|---|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get a better job/promotion | <input type="checkbox"/> It's a requirement of my job |
| <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To get into another program of study | <input type="checkbox"/> For personal interest |
| <input type="checkbox"/> For self-development | <input type="checkbox"/> To obtain a qualification | <input type="checkbox"/> Other _____ |

Privacy Statement (in accordance with the Victorian Government Student Enrolment Privacy Notice)

I understand that Menzies Institute of Technology 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. The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, 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 organizations. I have been advised by Menzies Institute of Technology 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.

The Education and Training Reform Act 2006 requires Menzies Institute of Technology to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed, please contact Menzies Institute of Technology on 1300 244 002 or email info@menzies.vic.edu.au.

Eligibility under Skills First Program

Menzies Institute of Technology shall assess and determine student's eligibility and supporting evidence for Victorian funded training based on the 2017 Guidelines about Determining Student Eligibility and Supporting Evidence (the Guidelines). Students must undertake to provide all relevant information/supporting evidence required in order to meet the eligibility criteria as per the Guidelines.

Applicant's Checklist

Please ensure that you have attached the following documentation with the application.

- Identification Document (one or more of the documents you have ticked in the Citizenship/Residency section)
- Highest academic qualification(s) completed
- Concession Card (if applicable)

How did you hear about Menzie's?

- Newspaper/Magazine/Radio advertising
- Internet Search
- Exhibitions (e.g. Career Expos)
- Friend
- Other (Please specify: _____)

Applicant's Declaration

I **would like to participate in the training program specified in my application.**

I acknowledge that:

- The information supplied regarding this application is **true and complete** to the best of my knowledge.
- The provision of incorrect information and/or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal of a place offered by Menzie's Institute of Technology, at any stage during the course undertaken.
- Information supplied will be disclosed to relevant State and Federal Government agencies and bodies (e.g. DET, Office of Skills Victoria) as appropriate to report enrolment details and for statistical purposes
- Relevant information may be released to government and non-government agencies or other third parties (e.g. Department of Education and Training (DET), the Department of Immigration and Border Protection, Skills Victoria, Centrelink and the Australian Taxation Office) for the purpose of confirming my identity, and to verify my entitlement to become an enrolled student and receive government support (if applicable).

I give permission for Menzie's Institute of Technology

- To provide assessment results and other progress information relevant to my Employer Funded Training to the Human Resources Manager or designated representative
- To obtain further information with respect to my application from other organisations and through 'QualSearch' for the purpose of determining eligibility (e.g. Confirm study and results from previous or current study)
- To communicate with me by electronic means (e.g. Email)
- Provide information to government, educational, health and any other relevant institutions, in conjunction with my application.
- *To create a Unique Student Identifier number (USI)

Applicant's certification

I have read and understood the above statements and accept all its terms and conditions. I also acknowledge and agree to the terms described in the privacy statement.

Signature Date/...../.....

Post, fax or scan/email the application to:

By Post: Menzie's Institute of Technology
355 Spencer Street, Melbourne. VIC. 3003
By Fax: (03) 9328 5879
By Email: info@menzies.vic.edu.au

Appendix :

***Unique Student Identifier (USI)** - From 1 January 2015, we Menzies Institute of Technology can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on your computer or mobile device. If you wish for Menzies Institute of Technology to obtain the USI on your behalf, please complete the questions below.

Town/City of Birth: _____
(please state the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below.

Australian Driver Licence

State: _____ Licence Number: _____

Medicare Card

Medicare card number: _____
Individual reference number (next to your name on Medicare Card): _____
Card colour: (select which applies)
Green Expiry date: _____ / _____ (MM/YYYY)
Yellow
Blue Expiry date: _____ / _____ (MM/YYYY)

Australian Birth Certificate: State/Territory: _____

Australian Passport Number: _____

Non-Australian Passport (with Australian Visa)

Passport Number: _____ Country of issue: _____

Immocard Number: _____

Citizenship Certificate

Stock Number: _____ Acquisition date: _____ / _____ / _____ (DD/MM/YYYY)

Certificate of Registration by Descent

Acquisition date: _____ (DD/MM/YYYY)

In accordance with Section 11 of the Student Identifiers Act 2014, Menzies Institute of Technology will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose unless we are required by or under any law to retain it.



Enquiry Checklist – Staff Use Only

Course Structure

- Orientation / Course intake dates
- Class timetable and class times
- Units of study
- Skills to learn
- Work placement (if applicable)
 - Criteria for Work placement
 - National Police Check
 - Working with Children Check
 - Immunisation
 - Pass all units
- Pass criteria
 - Attendance rate
 - Assessments structure (written tests, prac tests)
 - Onlines (if applicable)
- Study pathways
- Additional Support
 - BKSB

Employment

- Job title
- Job opportunities
- Resume Check Club
- Careers
- Facebook Job Search Club

Fees & Payment Plans

- VTG Eligibility
- DF
- Int
- Other fees
 - Printing
 - Replacement Uniform/books/equip
 - Redo's

Policies

- Redo-Onlines
- Redo-all structure
- Refunds
- Deferrals/Suspension/Cancellation

Menzies Philosophies

- On campus face to face learning
- Facilities available
- Teaching styles
- Student services support
 - Complaints / Appeals
 - Welfare
 - Nurturing and encouraging

Application Checklist

- Application Form
- Stat Dec
- PTR
- Self Assessment
- Eligibility Check list
- Previous Qualifications
- BKSB/LLN

Staff Name: _____

Date: _____

Signature: _____