



# MFS01: Domestic Student Application Form

This confidential Domestic Student Application Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Menzie's Institute of Technology are required by law to protect the information provided on this Application Form. More information about privacy is included in the notice at the end of this form.

Application for Enrolment		
Which course would you like to enrol into?	Automotive	<input type="checkbox"/> AUR30316-Certificate III in Automotive Electrical Technology <input type="checkbox"/> AUR30616-Certificate III in Light Vehicle Mechanical Technology <input type="checkbox"/> AUR40216-Certificate IV in Automotive Mechanical Diagnosis <input type="checkbox"/> AUR40616-Certificate IV in Automotive Electrical Technology <input type="checkbox"/> AUR50116-Diploma of Automotive Management
	Nursing	<input type="checkbox"/> HLT54115-Diploma of Nursing
	Dental	<input type="checkbox"/> HLT35015-Certificate III in Dental Assisting <input type="checkbox"/> HLT55118-Diploma of Dental Technology
Preferred start date:	<input type="checkbox"/> 15th June 2020 <input type="checkbox"/> 16th Nov 2020 <input type="checkbox"/> 19th Apr 2021 <input type="checkbox"/> 20th July 2020 <input type="checkbox"/> 07th Dec 2020 <input type="checkbox"/> 17th May 2021 <input type="checkbox"/> 17th Aug 2020 <input type="checkbox"/> 18th Jan 2021 <input type="checkbox"/> 14th Jun 2021 <input type="checkbox"/> 14th Sep 2020 <input type="checkbox"/> 14th Feb 2021 <input type="checkbox"/> 19th Jul 2021 <input type="checkbox"/> 19th Oct 2020 <input type="checkbox"/> 15th Mar 2021 <input type="checkbox"/> 16th Aug 2021	
Have you ever studied with Menzie's Institute of Technology before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for <b>Credit Transfer</b> ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a MFS07A Credit Transfer Form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe -      I'd like more information
Do you wish to apply for <b>Recognition of Prior Learning</b> ? <i>If you indicate YES, you will be contacted to discuss this further.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe -      I'd like more information

Personal Details			
<b>1. Enter your full name*</b>			
Surname:			
Given names:			
*Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Menzie's Institute of Technology to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the <a href="#">identity document</a> you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation and consent form.			
<b>2. Enter your birth date</b> (dd/mm/yyyy)			
<b>3. Gender</b> (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>4. Enter your contact details</b>			
Home phone:		Work phone:	



**Personal Details**

Mobile:	
Email address:	
Alternative email address <i>(optional)</i>	

**5. What is the address of your usual residence?**  
Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/ property name			
Flat/unit details:		Street or Lot Number <i>(e.g. 205 or Lot 118):</i>	
Street name:			
Suburb, locality or town:		Postcode:	
State/territory:			

**6. What is your postal address (if different from above)?**

Building/ property name:			
Flat/unit details:		Street or Lot Number <i>(e.g. 205 or Lot 118):</i>	
Street name:			
Suburb, locality or town:		Postcode:	
State/Territory:			

**Language and cultural diversity**

<b>7. In which country were you born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
<b>8. Do you speak a language other than English at home?</b> <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: _____
<b>9. Rate your proficiency in spoken English</b>	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
<b>10. Are you of Aboriginal or Torres Strait Islander origin?</b> <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

**Disability**

<b>11. Do you consider yourself to have a disability, impairment or long-term condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - go to question 13
<b>12. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:</b> <i>You may indicate more than one area) Please refer to the <a href="#">Disability supplement</a> at the back of this form for an explanation of the following disabilities.</i>	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	



<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other

**Schooling**

**13. What is your highest COMPLETED school level (tick one box only)**  
 If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school

**Please specify the year completed of your highest completed school level**

**14. Are you still enrolled in secondary or senior secondary education?**  Yes  No

**Previous qualifications achieved**

**15. Have you SUCCESSFULLY completed any of the qualifications listed in question 16?**  Yes - indicate below Question 16  
 No - Go to Question 17

**16. If yes, please tick one of these Prior Education Achievement Recognition Identifiers to any applicable qualification level.**  
**A** - Qualification has been completed in Australia  
**E** - Qualification has been completed overseas and recognised formally in Australia by AEI-NOOSR  
**I** - Qualification has been completed overseas but not recognised in Australia

Qualification	A	E	I		A	E	I
Certificate I or Certificate II				Advanced Diploma/Associate Degree			
Certificate III				Bachelor Degree			
Certificate IV				Graduate Certificate/Graduate Diploma			
Diploma				Masters Degree or higher			

**Employment**

**17. Of the following categories, which BEST describes your current employment status? (Tick one box only)**  
 For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed - not employing others
<input type="checkbox"/> Self-employed - employing others	<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	

**18. 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 and Trade Workers
<input type="checkbox"/> Community and Personal Services	<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

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

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



Study reason	
<p><b>20. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)</b></p>	
<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 or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

**Victorian Student Number** *To be completed by all Victorian students aged up to 24 years*

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

<b>21. Enter your Victorian Student Number (VSN)</b>										
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**22. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?**

<input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.	
<input type="checkbox"/> Yes - I have attended a Victorian school since 2009	Most recent Victorian school attended:
<input type="checkbox"/> Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011	List the most recent training organisations with which you have participated in training in Victoria since 2011 ( <i>List up to 3 training organisations</i> ) 1. _____ 2. _____ 3. _____

**Unique Student Identifier (USI)**

<b>23. Enter your unique student identifier</b> (if you already have one)	
<b>24. If you do not have a USI, would you like us to apply for a USI on your behalf?</b>	<input type="checkbox"/> Yes - <i>please refer to the Annexure section</i> <input type="checkbox"/> No

**Next of kin/emergency contact**

These are people that Menzies Institute of Technology may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Menzies Institute of Technology

Name:		Relationship to you:	
Address:			
Home phone:		Work:	
Mobile:		Email:	

### Application Checklist

Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification): Please tick those that you are providing.

- Completed all sections of this application form
- Identification Document (one or more of the documents to confirm Australian Citizenship/Residency)
- Certified copies of your highest qualification
- Any other documents to support your application
- If applying for a USI additional copies of support documents as outlined in the USI section of the application.

### PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, Menzies Institute of Technology 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 Menzies Institute of Technology for statistical, regulatory and research purposes. Menzies Institute of Technology may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

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](http://www.ncver.edu.au)).

### Student Declaration and Consent *please tick all*

- 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:	
Student Name:			

### DISABILITY SUPPLEMENT

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

#### Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

#### Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

#### Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

#### Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

#### Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

#### Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

#### Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

#### Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

## Annexure: Unique Student Identifier (USI) Details

### Unique Student Identifier Information Sheet

From 1 January 2015, you will need to obtain a USI in order for Menzies Institute of Technology to issue you a qualification or statement of attainment. If you do not already hold a USI, you can obtain one at [www.usi.gov.au](http://www.usi.gov.au); or request that we obtain one on your behalf.

#### If you request that Menzies Institute of Technology obtain a USI on your behalf;

You must provide us with all the requested information. If the information requested is not provided, or is inaccurate, it may affect our ability to obtain a USI on your behalf. The personal information that Menzies Institute of Technology must provide to the Student Identifiers Registrar to obtain a USI is:

- your name;
- your date of birth;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details

Menzies Institute of Technology will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

### Personal Information and Privacy

The personal information that we collect from you and provide to the Student Identifiers Registrar is protected by the Privacy Act 1988. The collection, use and disclosure of your USI is protected by the *Student Identifiers Act 2014*.

Please refer to the Student Identifiers Registrar's Privacy Policy ([www.usi.gov.au/Pages/privacypolicy.aspx](http://www.usi.gov.au/Pages/privacypolicy.aspx)), which contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

### Additional information required to generate a USI

Name: (including first or given name(s), middle name(s) and surname or family name as they appear in an identification document)			
Date of Birth: (as it appears, if shown, in the chosen document of identity)			
City or Town of Birth:			
Country of Birth:			
Gender:			
Contact Details:	Phone:		
	Email:		
	Mailing Address:		
	Please tick the preferred method of contact:		
Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
Please provide one valid form of ID from the list below and tick the corresponding box:			
Drivers Licence	<input type="checkbox"/>	Birth Certificate (Australian)	<input type="checkbox"/>
Medicare Card	<input type="checkbox"/>	Certificate of Registration by Descent	<input type="checkbox"/>
Australian Passport	<input type="checkbox"/>	Citizenship Certificate	<input type="checkbox"/>
Visa (with Non-Australian Passport)	<input type="checkbox"/>	ImmiCard	<input type="checkbox"/>

### Privacy Declaration

I agree that: I have been provided with the Menzies Institute of Technology USI Information Sheet; and understand and consent that the personal information I have provided in connection with an application for a USI:

1. is collected by the Student Identifiers Registrar for the purposes of:
  - 1.1. applying for, verifying and giving a USI;
  - 1.2. resolving problems with a USI; and
  - 1.3. creating authenticated vocational education and training (VET) transcripts;
2. may be disclosed to:
  - 2.1. Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - 2.1.1. the purposes of administering and auditing VET, VET providers and VET programs;
    - 2.1.2. education related policy and research purposes; and
    - 2.1.3. to assist in determining eligibility for training subsidies;
  - 2.2. VET Regulators to enable them to perform their VET regulatory functions;
  - 2.3. VET Admission Bodies for the purposes of administering VET and VET programs;
  - 2.4. current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - 2.5. schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - 2.6. the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - 2.7. researchers for education and training related research purposes; any other person or agency that may be authorised or required by law to access the information;
  - 2.8. any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
3. will not otherwise be disclosed without their consent unless authorised or required by or under law.

Signature:	
Date:	