



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 Menzies 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 enroll into?	Automotive <ul style="list-style-type: none"> <input type="checkbox"/> AUR30620-Certificate III in Light Vehicle Mechanical Technology (56 weeks) <input type="checkbox"/> AUR40216-Certificate IV in Automotive Mechanical Diagnosis (24 weeks) <input type="checkbox"/> AUR50216-Diploma of Automotive Technology (24 Weeks) <input type="checkbox"/> AUR30320-Certificate III in Automotive Electrical Technology (56 weeks) <input type="checkbox"/> AUR40620-Certificate IV in Automotive Electrical Technology (24 weeks) 		
	Health <ul style="list-style-type: none"> <input type="checkbox"/> CHC43015-Certificate IV in Ageing Support (36 weeks) <input type="checkbox"/> CHC52021 Diploma of Community Services (78 weeks) <input type="checkbox"/> HLT54121 Diploma of Nursing (95 weeks)* (Feb, May, Aug, Nov) 		
	Dental <ul style="list-style-type: none"> <input type="checkbox"/> HLT35021-Certificate III in Dental Assisting (27 weeks) (2 weeks term break excluded) <input type="checkbox"/> HLT55118-Diploma of Dental Technology (95 weeks) 		
Preferred Starting Intake Month and Year	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Month</td> <td style="width: 50%; border: none;">Year</td> </tr> </table>	Month	Year
Month	Year		
Have you ever studied with Menzies Institute of Technology before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to apply for Credit Transfer ? <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 Recognition of Prior Learning ? <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			
1. Enter your full name*			
Surname:			
Given names:			
USI Number (Unique Student Identifier)			
*Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not have USI yet, please go to www.usi.gov.au to apply for it. If you are a new or continuing student undertaking nationally recognised training, you need a USI in order to receive your qualification or statement of attainment			



2. Enter your birth date (dd/mm/yyyy)			
3. Gender (Tick <i>ONE</i> box only)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Personal Details			
4. Enter your contact details			
Home phone:		Work phone:	
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 states 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			
7. In which country were you born?		<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____	
8. Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often.		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: _____	



<p>9. Rate your proficiency in spoken English</p>	<p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p>
<p>10. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>
<p>Disability</p>	
<p>11. Do you consider yourself to have a disability, impairment, or long-term condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - <i>go to question 13</i></p>
<p>12. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: You may indicate more than one area) Please refer to the <u>Disability supplement</u> at the back of this form for an explanation of the following disabilities.</p>	
<p><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</p>	
<p>Schooling</p>	
<p>13. What is your highest COMPLETED school level (<i>tick one box only</i>) If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.</p>	
<p><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</p>	
<p>Please specify the year completed of your highest completed school level</p>	
<p>14. Are you still enrolled in secondary or senior secondary education?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Previous qualifications achieved</p>	
<p>15. Have you SUCCESSFULLY completed any of the qualifications listed in question 16?</p>	<p><input type="checkbox"/> Yes - <i>indicate below Question 16</i> <input type="checkbox"/> No - <u>Go to Question 17</u></p>
<p>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</p>	

Qualification	A	E	I	Qualification	A	E	I
Certificate I or Certificate II				Advanced Diploma/Associate Degree			
Certificate III				Bachelor's Degree			
Certificate IV				Graduate Certificate/Graduate Diploma			
Diploma				Master's degree or higher			
Employment							
17. Of the following categories, which BEST describes your current employment status? <i>(Tick one box only)</i> <i>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).</i>							
<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? <i>(Tick one box only)</i>							
<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? <i>(Tick one box only)</i>							
<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 <i>(please specify)</i>							



Study reason

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

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <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.

21. Enter your Victorian Student Number (VSN)

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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?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian school since 2009.

Most recent Victorian school attended:

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 (*List up to 3 training organisations*)

1.

2.

3.

Unique Student Identifier (USI)

23. Enter your unique student identifier (if you already have one)

24. If you do not have a USI, would you like us to apply for a USI on your behalf?

- Yes - *please refer to the Annexure section*
- 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:	

Referral Contact Details

Referee name:		Date of Birth:	
Contact Number			
Menzies student ID (If known)		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 2020, Menzies Institute of Technology Pty. Ltd. 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:

- School: if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer: if you are enrolled in training paid by your employer
- Commonwealth and State or Territory government departments and authorized agencies
- NCVER
- 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).

Student Declaration and Consent

I, (student name)

Student Declaration and Consent			
<p>I declare that the information I have provided to the to the best of my knowledge is true and correct. I further declare that I have gone through the following policies and procedures available on https://menzies.vic.edu.au/students/terms-and-conditions/</p> <ul style="list-style-type: none"> • Admissions Policy and Procedure • Complaints and Appeals Policy and Procedure • Course Progress Policy and Procedure • Deferring, Suspending and Cancelling Policy and Procedure • Refund Policy and Procedure <i>(All refunds will be in accordance with the policy and refund arrangements defined in Agreement)</i> • RPL and Credit Transfer Policy and Procedure • Student Support Services and Welfare Policy and Procedure • Course Transfer Policy and Procedure <p>I Consent to the collection use and discloser of my personal information in accordance with the Privacy Notice Above.</p>			
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.