

STO Enrolment Form



PH: 1300 659 349

EMAIL: STOtraining@mba.org.au

Name of course:

Date of course:

UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we Southern Training Organisation can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>. For further details please see our USI Policy at <https://www.mba.org.au/training/policies-and-procedures/>. **Please enter your Unique Student Identifier (USI) in the space below.**

USI NUMBER:

PERSONAL DETAILS

Note: 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 Southern Training Organisation to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.

Family Name:

Given Name:

Other Name:

Gender (please tick):

Female

Male

Other

DOB:

Email:

Mobile No:

Home No:

Note: 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. We are required to include this information in the data we submit to meet our RTO obligations.

Building/Property Name:

Flat/Unit No:

Street or Lot No:

Street Name:

Suburb:

State/ Territory:

Postcode:

*Note: If your postal address is the same as your residential address listed above, please move onto **Employment Information**.*

POSTAL ADDRESS

Building/Property Name:

Street or Lot No:

Street Name:

Suburb:

State/ Territory:

Postcode:

EMPLOYMENT INFORMATION

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).*

- Full time employee Part time employee Not employed - not seeking employment
- Self-employed - not employing others Self-employed - employing others
- Employed - unpaid worker in family business Unemployed - seeking full time work
- Unemployed - seeking part time work

EMPLOYER DETAILS

Employer Name:

Employer Email:

PO No:

Attendees position/occupation with Employer:

Employer Contact No:

ABN/ACN:

Employer Address:

Suburb:

State/ Territory:

Postcode:

CULTURAL DIVERSITY

In which country were you born?

Australia

Other, please specify:

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

Yes, Aboriginal

Yes, Torres Strait Islander

DISABILITY

If you consider yourself to have 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 disability supplement for an explanation of the following disabilities, available at <https://www.mba.org.au/training/policies-and-procedures/>)

Hearing/Deaf

Physical

Intellectual

Vision

Learning

Mental illness

Acquired brain impairment

Medical condition

Other

STUDY REASON

- | | | |
|--|---|--|
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> PD/Self-development |
| <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other |
| <input type="checkbox"/> For another course of study | <input type="checkbox"/> For community/voluntary work | <input type="checkbox"/> To get a job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business | |

PRIVACY STATEMENT AND STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- NCVER.
- Organisations conducting student surveys.
- Researchers

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.

All elements of enrolment, payment and training delivered at Southern Training Organisation is conducted in accordance with the policy and procedures accessible at www.mba.org.au/training/policies-and-procedures/. This includes, but is not limited to:

- USI Policy
- USI Application through your RTO
- Complaints and Appeals Policy
- Transfer and Cancellation Policy
- Enrolment Policy
- Assessment Policy
- Disability Supplement
- Privacy Policy
- PPE Policy

Student Signature:

Date:

*Parent/Guardian Signature:

Date:

**Parental/guardian consent is required for all students under the age of 18. NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).*

PAYMENT DETAILS

Person/Company responsible for payment of course:

Payee Email Address :

Payment Method:

Credit Card

Invoice (will be sent to payee email address listed above)

**Any credit card details collected by Southern Training Organisation will be stored securely until payment has been made for the specified enrolment/s. After payment, credit card details will be destroyed.*

Cardholder name:

Card No:

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Expiry Date:

Payee Signature:

LANGUAGE, LITERACY AND NUMERACY (LLN)

Southern Training Organisation are required to demonstrate LLN needs have been identified and the appropriate support can and will be provided for all course participants prior to commencing training. You are required to complete this LLN assessment and attach to your registration form prior to confirmation of your enrolment can be provided.

FAILURE TO COMPLETE THIS LLN WILL PREVENT STO FROM ACCEPTING YOUR ENROLMENT.

QUESTION 1: Read the following statements and calculate the total amounts for 1a and 1b below.

1a: A box holds 15 lettuces. At the end of the day the farm crew had filled 86 boxes. How many lettuces is that in total?

1b: Diesel costs \$1.86 per litre. The tractor's fuel tank is empty. When full it holds 1200 litres. How much money would it cost to fill up the tractor with fuel?

QUESTION 2: The table below shows the average price of petrol per litre for the period July 2009 to June 2010. Read the information and then answer the questions that follow.

AVERAGE PETROL PRICING	
Month	Average price/litre
August 2009	\$1.15
September 2009	\$1.13
October 2009	\$1.18
November 2009	\$1.20
December 2009	\$1.22
January 2010	\$1.26
February 2010	\$1.23
March 2010	\$1.24
April 2010	\$1.23
May 2010	\$1.27
June 2010	\$1.30

2a: In which month was the petrol price the lowest?

2b: In which two months was the price of petrol the same?

2c: In which month was the price of petrol the highest?

QUESTION 3: Using the following flyers, answer the below questions.



3a: What are the total hours that Café Relaxo is open in one full week?

3b: What are the total hours that Café Cino is open in one full week?

QUESTION 4: Using the information presented in the emergency notice below, answer all questions on the following page.

IN AN EMERGENCY TELEPHONE

Fire Brigade	000
Police	000
Ambulance	000

EVACUATION PROCEDURES

IF IN IMMEDIATE DANGER, or on hearing the evacuation alarm, or on being instructed to evacuate:

1. If safe to do so secure your office and evacuate the building via the nearest exit and proceed in single file in an orderly manner to the assembly area.

DO NOT USE LIFTS

2. Do not re-enter the building unless advised to do so by an authorised person.

NOTE: OUTSIDE NORMAL WORKING HOURS EVACUATE ON SOUNDING OF ALERT ALARM

WHEN YOU DIAL THE EMERGENCY NUMBER

1. State your location
2. Give your name, phone number and any other information requested by the operator

BOMB THREAT PROCEDURES

1. Stay calm.
2. Record exact wording of threat.
3. Keep the caller talking. Try to obtain as much information as possible using the bomb threat checklist.
4. Report call to: **CHIEF WARDEN, YOUR MANAGEMENT and POLICE on 000.**
5. Record details of callers voice and background noise.
6. Wait for instructions from authorised people.
7. **DO NOT HANG UP PHONE AFTER CALLER HAS FINISHED**

IF YOU HEAR THE FOLLOWING ALARMS:

ALERT ALARM



Action: All wardens to respond, Staff to check immediate area for signs of Danger and stand by. (Outside of normal working hours, immediately evacuate on sounding of the Alert Alarm.)

EVACUATION ALARM



Action: All Staff evacuate via the nearest exit and proceed to the assembly area

KNOW YOUR EXITS



FOR YOUR SAFETY MAKE SURE YOU KNOW THE LOCATION OF THE NEAREST EMERGENCY EXIT

4a: For your own safety, what important piece of information should you know?

4b. Where might you expect to see this Emergency Procedures notice?

4c. If you hear the evacuation alarm – whoop whoop – what do you do?

4d. Can you use the lift in an evacuation?

4e. If you received a bomb threat phone call, what information should you try to record?

4f. In this notice you are given the following advice about a bomb threat phone call – Do not hang up after caller has finished. Why do you think you are given this advice?

4g. What is the name of the company that produced this notice?

LLN STUDENT DECLARATION

By signing the below, you are agreeing that the above questions were completed without assistance from any other person or device.

Student Signature:

Date:

For further information about the range of Southern Training Organisations training courses please contact us on 1300 659 349 or at STOtraining@mba.org.au



All policies and procedures are available on our website www.mba.org.au