

# Short Course Enrolment Form

## STANDARD VERSION

Name of Course: Date of Course:  /  / 

### Unique Student Identifier (USI)

From 1 January 2015, MBA Group Training Limited (MBA GT) 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 USI. To check if you already have a USI, use the 'Find Your USI' link on the USI website at <https://www.usi.gov.au/students/find-your-usi>. For further details please see our USI Policy at <https://mba.org.au/policies-and-procedures/>. Please enter your USI in the space below.

USI Number: 

### Personal Details

Please write the name that you used when you applied for your USI, including any middle names. If you do not have a USI, you will need to apply for one before your course commences. Please visit <https://www.usi.gov.au/students/get-a-usi>.

Family Name:  Given Name: Other Name:  Gender: *Please Tick* Female ☐ Male ☐ Other ☐Pronouns:  Date of Birth:  /  / Attendee Email: Attendee Mobile Phone:  Attendee Home Phone: 

If you are under the age of 18, please provide the name of your legal guardian.

Guardian First Name:  Guardian Last Name: 

Please provide your permanent residential address (street number and name, not post-office box) at which you reside rather than a temporary address used for work, training, or other purposes. We are required to include this information in the data we submit to meet our RTO obligations.

Residential Address	Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Postal Address	Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Emergency Contact

Contact's Name:  Relationship: Contact's Mobile:  Contact's Work Phone: Should we use your preferred name or given name if we need to speak to your emergency contact? Preferred ☐ Given ☐

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### Company Details

Company Name:	<input type="text"/>	Company Contact No.:	<input type="text"/>	PO No.:	<input type="text"/>
Attendee's Position or Occupation with Company:	<input type="text"/>		Company Email:	<input type="text"/>	
Company Address	<input type="text"/>	Suburb	<input type="text"/>	State/Territory	Postcode
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN/ACN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Owner/ Managing Director Name:	<input type="text"/>		Email:	<input type="text"/>	

### Payment Details

Who will be responsible for payment? ☐ Company/Employer ☐ Attendee/Individual

Payee Email:

Payment Method: ☐ Credit Card (please phone the office on (02) 6175 5900 to make payment) ☐ Invoice (will be sent to payee email address listed above)

### Language and Cultural Diversity

In which country were you born? ☐ Australia ☐ Other, please specify:

Do you speak a language other than English at home? ☐ No, English only ☐ Yes, 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 relevant area(s) in the following list. You may indicate more than one area. For an explanation of the following disabilities, please refer to the disability supplement at <https://www.mba.org.au/training/policies-and-procedures/>.

<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Other	<input type="checkbox"/> Acquired brain impairment	

### Study Reason

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

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### Education

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.

☐ Year 12 or Equivalent
 ☐ Year 11 or Equivalent
 ☐ Year 10 or Equivalent
 ☐ Year 9 or Equivalent
 ☐ Year 8 or Below
 ☐ Never Attended School

Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No

### Previous Qualifications Achieved

Please tick any qualifications that you have SUCCESSFULLY completed.

☐ 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
 ☐ Other Education (including Certificates or Overseas Qualifications Not Listed Above)

### Privacy Statement and Student Declaration

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO. The RTO obligations include sharing your personal information with relevant state and territory training authorities. Further information about how MBA GT and other VET authorities may use and handle your personal information can be found in MBA GT's privacy policy published at: <https://mba.org.au/policies-and-procedures/>.

By signing the below you are declaring that the information provided within this form is, to the best of your knowledge, true and correct. You are also confirming that you understand the following:

- that the information contained on this enrolment form may be used by MBA GT or the third parties listed in MBA GT's privacy policy for administrative, regulatory and/or research purposes
- training activity at MBA GT, including all enrolment fees and course attendance/cancellation, is conducted in accordance with the policies and procedures published at: <https://mba.org.au/policies-and-procedures/>

Student Signature:

Date:

  /   /  

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

Guardian Signature:

Date:

  /   /

Full Name:

Date:  /

Language, Literacy and Numeracy

MBA GT 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 MBA GT FROM ACCEPTING YOUR ENROLMENT.

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

Michael enrolled to complete a short course in Traffic Control. The course includes both practical and theory assessment. Michael identified he best learns using practical skills.

a. 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?

b. 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

a. In which month was the petrol price the lowest?

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

c. In which month was the price of petrol the highest?

**Question 3:** Using the following flyers, answer the questions below.



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

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

**Question 2:** 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**



beep beep


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**



whoop whoop

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**

Quick REACTION ©

- a. For your own safety, what important piece of information should you know?
- b. Where might you expect to see this Emergency Procedures notice?
- c. If you hear the evacuation alarm – whoop whoop – what do you do?
- d. Can you use the lift in an evacuation?
- e. If you received a bomb threat phone call, what information should you try to record?
- f. 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?
- g. 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 MBA's services and training courses please refer to our website, [www.mba.org.au](http://www.mba.org.au), or contact the Training Team on (02) 6175 5900.