1 Iron Knob Street, Fyshwick ACT 2609

Phone: (02) 6175 5900

Email: training@mba.org.au

RTO No: 88163

ABN: 62130865253



Short Course Enrolment Form

STANDARD VERSION

Name of Course:			Date of Course:		/		/	
Unique Student	Identifier (USI)							
or statement of atta	5, MBA Group Training Limited (MBA GT) can be p ninment when you complete your course if you do n site at https://www.usi.gov.au/students/find-your-u /policies-and-procedures/. Please enter your USI in	ot have a USI. T Isi. For further o	To check if you alre details please see o	ady hav	e a USI, ι		-	
USI Number:								
Personal Details	8							
	me that you used when you applied for your USI, inc e your course commences. Please visit <u>https://www</u>		•	lo not ha	ave a USI	, you wil	l need t	0
Family Name:		Given Name:						
Other Name:		Gender: Please Tick	Female	Male		Other		
Pronouns:			Date of Birth:		/		/	
Attendee Email:								
Attendee Mobile Phone:		Attendee Home Phor	ne:					
If you are under the Guardian First Name:	age of 18, please provide the name of your legal gu	ıardian. Guardian La Name:	ast					
•	permanent residential address (street number and ork, training, or other purposes. We are required to i	-		-			-	orary
Residential Addres	s	Suburb		State/	Territory	Posto	ode	
If your postal addres Postal Address	ss is the same as your residential address listed abo	ove, please mo Suburb	ve onto Employme		nation. Territory	Poeto	odo	
r Ostal Address		Suburb		State/	Теппоту		Joue	
Emergency Con	tact							
Contact's Name:	R	elationship:						
Contact's Mobile:		ontact's /ork Phone:						
Should we use you	ur preferred name or given name if we need to sp	eak to your en	nergency contact?	Pref	erred	G	iven	

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Mental illness

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Employment 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 Part-time Self employed - not Self employed -Employed - unpaid worker employing others employing others in family business employee employee Unemployed - seeking full time work Not employed - not seeking employment Unemployed - seeking part time work **Company Details** Company PΩ Company Contact No.: Name: No.: Attendee's Position or Company Occupation with Company: Email: Company Address Suburb State/Territory Postcode ABN/ACN: Business Owner/ Email: Managing Director Name: **Payment Details** Who will be responsible for payment? Company/Employer Attendee/Individual Payee Email: Credit Card (please phone the office on (02) 6175 Payment Method: Invoice (will be sent to payee email address listed above) 5900 to make payment) Language and Cultural Diversity In which country were you born? Australia Other, please specify: Do you speak a language other No, English only Yes, please specify: than English at home? How would you describe your English proficiency? Very well Well Not at all Not well Are you of Aboriginal or Torres Strait Islander origin? Yes, Aboriginal Yes, Torres Strait Islander No For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. **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/. Intellectual Learning Hearing/deaf **Physical** Vision

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Other

Acquired brain impairment

Medical condition

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STANDARD VERSION

Education							
Are you still enrolled in secondary or senior secondary education?	No						
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 higher level you are currently undertaking. For example, if you are currently in Year 10, the highest school level con			actually	comple	eted ar	nd not	the
Year 12 or Year 11 or Year 10 or Equivalent Equivalent Equivalent	Yea Belo	ar 8 or ow		Nev Sch		tende	d
Year completed Where completed							
Previous Qualifications Achieved Please tick any qualifications that you have SUCCESSFULLY completed.							_
Bachelor Degree or Higher Degree Advanced Diploma or Associate Deg	jree	Diplo	oma (or	Asso	ciate l	Diplor	maj
Certificate IV (or Advanced Certificate/Technician) Certificate III (or Trade Certificate) Certificate II							
Certificate I Other Education (including Certificate	es or Overse	eas Quali	fication	s Not	Liste	d Abo	ve
Study Reason							
To try for a different career Professional/self development It was	a requireme	ent of my	y job		To g	et a jo	b
I want extra skills for my job For another course of study To get	t a better job	b or prom	notion		Othe	er	
For community/voluntary work To start my own business To dev	To develop my existing business						
Privacy Statement and Student Declaration							
As a registered training organisation (RTO), we collect your personal information so we can proceducation and training (VET) course with us. We use your personal information to enable us to deneeded, to comply with our obligations as an RTO. The RTO obligations include sharing your per training authorities. Further information about how MBA GT and other VET authorities may use a 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 bealso confirming that you understand the following: • that the information contained on this enrolment form may be used by MBA GT or the third padministrative, regulatory and/or research purposes • training activity at MBA GT, including all enrolment fees and course attendance/cancellation and procedures published at: https://mba.org.au/policies-and-procedures/	deliver VET co rsonal inform and handle yo est of your kr parties listed	ourses to nation with our perso nowledge	you, and h releval nal infol , true an GT's priv	d othent statement of the correct of	rwise, re and on can rect. Y	as territo be ou are	ory
Student Signature:	Date:		/		/		
Guardian/parental consent is required for all students under the age of 18. NCVER will use, see accordance with the VET Data Protocol and all NCVER policies and protocols (including those www.ncver.edu.au .			-		in		
Guardian Signature:	Date:		/		/		

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Language, Literacy and Numeracy Assessment

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.

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Language, Literacy and Numeracy Assessment

Question 1: Read the following statement and answer questions 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. What type of assessment is in the traffic control course?	
b. How does Michael best learn?	

Ouestion 2: Select the correct words to be used in the sentence below.

The little read red reed headed boy sat on the mat whilst he red read reed his book. His mother asked him to help her by feeding feeding the dog. The little boy did a grate great greet job.

Question 3: Using the text message image below, answer the following questions.

3 3 3 3	que de contraction de la contr
a. Who is the message from?	
b. Who is the message to?	
c. What time is the party?	



Hi Tim. Happy Birthday! I'm at Tony's now but I'll see you at the bowling alley at 7pm for your party. From Sandy.

Question 4: Using the timesheet below, answer the following questions.

a. What is John's total pay for the week?	
b. How many hours did John work on Thursday?	
c. What was the date on Sunday?	

Employer Name: John Doe			Hourly Rate: \$20.00				
Date	Day	Start	tart Finish Breaks Total F				
15/8	Monday	10:00	13:00		3.00		
16/8	Tuesday	10:00	15:00		5.00		
17/8	Wednesday	6:00	10:00		4.00		
18/8	Thursday						
19/8	Friday						
20/8	Saturday						
21/8	Sunday						
			Total I	Hours Worked:	12.00		
				Total Pay:			

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Language, Literacy and Numeracy Assessment

low.
were completed without assistance from any other person or device.
Date: / / / /
npleted training and allow our team to continue delivering training to
Yes No
Yes No
Yes No
Yes No
MBAGT Staff Member Another MBA Member
Existing Client Social Media
MBA Website Word of Mouth

For further information about the range of MBA's services and training courses please refer to our website, www.mba.org.au/training-page/, or contact the Training Team on (02) 6175 5900.

Returning Client

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