Unit 15–16, 38 Hopkins Street, Eden		_
NSW 2551		STO Enrolment Form
Phone: 1300 659 349		
Email: STOtraining@mba.org.au		STANDARD VERSION
RTO No: 91378	SOUTHERN TRAINING ORGANISATION	STANDARD VERSION

Date of (	Course:
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Name of Course:	

#### **Unique Student Identifier (USI)**

From 1 January 2015, Southern Training Organisation (STO) 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:											
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#### **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 <u>https://www.usi.gov.au/students/get-a-usi</u>.

Family	Given	
Name:	Name:	
Other Name:	Gender: 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	of your legal guardian.	
Guardian First Name:	Guardian Last Name:	
	et number and name, not post-office box) at which you reside rather than re required to include this information in the data we submit to meet our <b>F</b>	
Residential Address	Suburb State/Territory Postc	ode
If your postal address is the same as your residential add	lress listed above, please move onto Employment Information.	
Postal Address	Suburb State/Territory Postc	ode
Emergency Contact		
Contact's Name:	Relationship:	
Contact's	Contact's	
Mobile:	Work Phone:	
Should we use your preferred name or given name if y	we need to speak to your emergency contact? Preferred Gi	ven

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## **STO Enrolment Form**

STANDARD VERSION

### 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 employee	Self employed - not employing others	Self employed - Employed - employing others in family bu				
Unemployed - seeking full time work	Unemployed - seeking par	time work	Not employed	I - not seeking employment		
Company Details						
Company Name:	Company Contact N	o.:		PO No.:		
Attendee's Position or Occupation with Company:	Coi Em	mpany ail:				
Company Address	Subu	irb	State/Te	erritory Postcode		
ABN/ACN:						
Business Owner/ Managing Director Name:		Email:				
Payment Details Who will be responsible for payment?	Company/Employer	Attendee/I	ndividual			
Payee Email:						
Payment Method: Credit Card (please ph 5900 to make payment	one the office on (02) 6175 t)	Invoice (will	be sent to payee	email address listed above)		
Language and Cultural Diversity						
In which country were you born? Austr	ralia Other, please spe	cify:				
Do you speak a language other No, E than English at home?	nglish only Yes, please	specify:				
How would you describe your English proficie	ncy? Very well	Well	Not well	Not at all		
Are you of Aboriginal or Torres Strait Islander For persons of both Aboriginal and Torres Strait Islande mark both 'Yes' boxes.	No	Yes, Aborig	inal	Yes, Torres Strait Islander		
Disability	nnairment or long-term condit	ion please solo	ot the relevant or	ea(s) in the following list		

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 <u>https://www.mba.org.au/training/policies-and-procedures/</u>.

Hearing/deaf	Physical	Intellectual	Vision		Learning
Mental illness	Medical condition	Other	Acquired brain impairme	nt	

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Education	
Are you still enrolled in secondary or senior secondary education?	Yes No
What is your highest COMPLETED school level? (tick one box only)   If you are currently enrolled in secondary education, the highest school level complete   level you are currently undertaking. For example, if you are currently in Year 10, the highest school level complete   Year 12 or Year 11 or   Equivalent Equivalent	
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 Degree Diploma (or Associate Diploma)
Certificate IV (or Advanced Certificate/Technician)	ade Certificate II
Certificate I Other Education (in	cluding Certificates or Overseas Qualifications Not Listed Above)
Study Reason	
To try for a different career Professional/self developm	nent It was a requirement of my job To get a job
I want extra skills for my job For another course of stud	y To get a better job or promotion Other
For community/voluntary work To start my own business	To develop my existing business

### **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 STO 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 STO or the third parties listed in STO's privacy policy for administrative, regulatory and/or research purposes
- training activity at STO, 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 co	present is required for all students under the age of 18 NCVER will use se	cure disc	lose	and r	etain	r data	in	

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 <u>www.ncver.edu.au</u>.



Date:



## Language, Literacy and Numeracy Assessment

Full Name:

Date: / /

### Language, Literacy and Numeracy

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.



## 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.

<b>a.</b> What type of assessment is in the traffic control course?	
<b>b.</b> How does Michael best learn?	

**Question 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 feding feading** the dog. The little boy did a **grate great greet** job.

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

- 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 Nan	ne: John Doe				
Date	Day	Start	Finish	Breaks	Total Hours
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 Hours Worked:		12.00



# Language, Literacy and Numeracy Assessment

Question 5: Please answer the numeracy questions below.

a. If you cut 7 apples in half, how many pieces of apple will you have?	
b. If you buy three 2 Litre bottles of soft drink, how many total Litres do you have?	
<b>c.</b> Trisha has 13 dogs, 2 cats and 3 fish. How many pets does she have all together?	

#### **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 STO's services and training courses please refer to our website, <u>www.mba.org.au/training-page/</u>, or contact the Training Team on (02) 6175 5900.