

# 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) and Southern Training Organisation Pty Ltd (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/>.

Enter your Unique Student Identifier (USI) (if you already have one)

USI Number:

If you would like MBA GT/STO to apply for a USI on your behalf, please complete and attach to this form the USI Application published on our website: <https://mba.org.au/policies-and-procedures/>.

## 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.

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) in 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

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

Postal Address  Suburb  State/Territory  Postcode

## 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

## 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 employee     Part-time employee     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     Not employed - not seeking employment

## Company Details

Company Name:     Company Contact No.:     PO No.:

Attendee's Position or Occupation with Company:     Company Email:

Company Address     Suburb     State/Territory       Postcode

ABN/ACN:              Is the employer a member with MBA?     Yes     No

Business Owner/Managing Director Name:     Email:

## 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:

How would you describe your English proficiency?     Very well     Well     Not well     Not at all

Are you of Aboriginal or Torres Strait Islander origin?     No     Yes, Aboriginal     Yes, Torres Strait Islander  
*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/>.

- Hearing/deaf     Physical     Intellectual     Vision     Learning
- Mental illness     Medical condition     Other     Acquired brain impairment

## 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 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

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)     Certificate III (or Trade Certificate)     Certificate II  
 Certificate I     Other Education (including Certificates or Overseas Qualifications Not Listed Above)

## Study Reason

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

## How did you hear about us

MBA GT Staff Member     Another MBA Member     MBA Website     Existing Client  
 Returning Client     Social Media     Word of Mouth     Radio Advertisement  
 Other, please specify:

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

## 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:   /   /



# Language, Literacy and Numeracy Assessment STANDARD VERSION

Full Name:

Date:   /

## Language, Literacy and Numeracy

MBA GT/STO 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/STO FROM ACCEPTING YOUR ENROLMENT.**

**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.

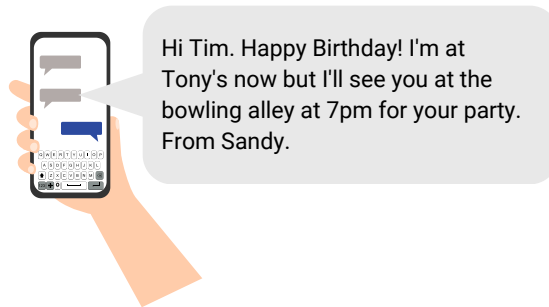
a. What type of assessment is in the traffic control course?

b. How does Michael best learn?

**Question 2:** Select the correct words to be used in the sentence below. (Please circle the correct word)

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?

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

Employer Name: John Doe		Hourly Rate: \$20.00			
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				
<b>Total Hours Worked:</b>					12.00
<b>Total Pay:</b>					

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?



# Language, Literacy and Numeracy Assessment STANDARD VERSION

## 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?

c. 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:  /  /