1 Iron Knob Street, Fyshwick ACT 2609

Phone: (02) 6175 5900 Email: <u>training@mba.org.au</u>



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 Sor you with a nationally recognised VET qualification or statement of att check if you already have a USI, use the 'Find Your USI' link on the USI For further details please see our USI Policy at https://mba.org.au/po	I website at https://www.usi.gov.au/students/find-your-usi.
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, in apply for one before your course commences.	ncluding any middle names. If you do not have a USI, you will need to
Family Name:	Given 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 your legal of 18, please provide the name of 18, please provide the name of 18, please provide the	
Guardian First Name:	Guardian Last Name:
Please provide your permanent residential address (street number ar address used for work, training, or other purposes. We are required to obligations.	nd name, not post-office box) in which you reside, rather than a temporary o include this information in the data we submit to meet our RTO
Residential Address	Suburb State/Territory Postcode
If your postal address is the same as your residential address listed a	above, please move onto the next section.
Postal Address	Suburb State/Territory Postcode
Emergency Contact	
Contact's Name:	Relationship:
	Contact's Work Phone:
Should we use your preferred name or given name if we need to s	speak to your emergency contact? Preferred Given

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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 in family business employee employee employing others Unemployed - seeking full time work Not employed - not seeking employment Unemployed - seeking part time work **Company Details** Company PO Company Contact No.: Name: No.: Attendee's Position or Company Email: Occupation with Company: Company Address Suburb State/Territory Postcode Is the employer a member ABN/ACN: Yes No with MBA? **Business Owner/** Email: Managing Director Name: **Payment Details** Who will be responsible for payment? Company/Employer Attendee/Individual Payee Email: Invoice (will be sent to payee Credit Card (please phone the office on Payment Method: (02) 6175 5900 to make payment) email address listed above) 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 well Not at all 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

Medical condition

Other

Acquired brain impairment

Mental illness

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Education				
Are you still enrolled in secondary or s	senior secondary education?	Yes N	o	
What is your highest COMPLETED sch If you are currently enrolled in secondary edu level you are currently undertaking. For exam	cation, the highest school level complet			ctually completed and not the
Year 12 or Year 11 or Equivalent Equivaler		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 Degre	ee Advanced Diploma	or Associate Degre	ee Diplor	na (or Associate Diploma)
Certificate IV (or Advanced Certificate/Technician)	Certificate III (or Tr	ade Certificate)	Certifi	cate II
Certificate I	Other Education (in	ncluding Certificates	s or Overseas Qualifi	cations Not Listed Above)
Study Reason				
To try for a different career	Professional/self develop	ment It was a	requirement of my	job To get a job
I want extra skills for my job	For another course of stud	dy To get	a better job or promo	otion Other
For community/voluntary work	To start my own business	To deve	elop my existing bus	iness
How did you hear about us				
MBA GT Staff Member	Another MBA Member	MBA W	ebsite	Existing Client
Returning Client	Social Media	Word o	f 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/, or contact the Training Team on (02) 6175 5900.

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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/

, ,	3 4				
Student Signature:		Date:	/	/	
•	onsent is required for all students under the age of 18. NCVER will use, se VET Data Protocol and all NCVER policies and protocols (including those		•	in	
Guardian Signature:		Date:	/	/	

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Language, Literacy and Numeracy Assessment

HIGH RISK WORK

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.

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Language, Literacy and Numeracy Assessment

HIGH RISK WORK

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

Month August 2009 September 2009 October 2009 November 2009 December 2009 January 2010 February 2010	\$1.15 \$1.13 \$1.18 \$1.20 \$1.22 \$1.26	ow.	
Month August 2009 September 2009 October 2009 November 2009 December 2009 January 2010	Average price/litre \$1.15 \$1.13 \$1.18 \$1.20 \$1.22 \$1.26		
August 2009 September 2009 October 2009 November 2009 December 2009 January 2010	\$1.15 \$1.13 \$1.18 \$1.20 \$1.22 \$1.26		
September 2009 October 2009 November 2009 December 2009 January 2010	\$1.13 \$1.18 \$1.20 \$1.22 \$1.26		
November 2009 December 2009 January 2010	\$1.20 \$1.22 \$1.26		
December 2009 January 2010	\$1.22 \$1.26		
January 2010	\$1.26		
•	•		
February 2010			
	\$1.23		
March 2010	\$1.24		
April 2010	\$1.23		
May 2010	\$1.27		
June 2010	\$1.30		
ol price the lowest?			
e price of petrol the same?			
e of petrol the highest?			
June 2010 of price the lowest? e price of petrol the same?	\$1.30	61100	



Café Relaxo
NOW OPEN
Monday - Friday
8:00am to 5:00pm

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

. What are the total h	hours that Café	Cino is oper	n in one full
week?			

	_
	_
	_

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Language, Literacy and Numeracy Assessment

HIGH RISK WORK

Question 4: Using the information presented in the emergency notice below, answer the questions that follow.

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:

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

 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
- Give your name, phone number and any other information requested by the operator

BOMB THREAT PROCEDURES

- 1. Stay calm.
- Record exact wording of threat.
- Keep the caller talking.
 Try to obtain as much information as possible using the bomb threat checklist.
- Report call to: CHIEF WARDEN, YOUR MANAGEMENT and POLICE on 000.
- Record details of callers voice and background noise.
- Wait for instructions form 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 tot he 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?	
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?	
In this notice you are given the following advice about a comb 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?	

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

Student Signature:		Date:			/			/		
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