

Short Course Enrolment Form

SCHOOL VERSION

Name of Course:

Date of Course:

 / /

Unique Student Identifier (USI)

From 1 January 2015, MBA Training 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 Training 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:

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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

Postal Address

Suburb

State/Territory

Postcode

Postal Address is same as Residential Address (Please Tick)

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Emergency Contact

Contact's
Name:

Relationship:

Contact's
Mobile:

Contact's
Work Phone:

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SCHOOL VERSION

School Details

School Name:	<input type="text"/>	School Contact No.:	<input type="text"/>	PO No.:	<input type="text"/>
Contact's Email:	<input type="text"/>				
School Address	Suburb	State/Territory	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Details

Who will be responsible for payment? ☐ School/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:

City of Birth: Citizenship Status:

Country of Citizenship:

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

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

Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No

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	

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).

- | | | | | |
|--------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self employed - not employing others | <input type="checkbox"/> Self employed - employing others | <input type="checkbox"/> Employed - unpaid worker in family business |
| <input type="checkbox"/> Unemployed - seeking full time work | <input type="checkbox"/> Unemployed - seeking part time work | <input type="checkbox"/> Not employed - not seeking employment | | |

Education

Are you currently attending secondary school?

- ☐ 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.

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|------------------------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------------------------|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Year 12 or Equivalent | <input type="checkbox"/> Year 11 or Equivalent | <input type="checkbox"/> Year 10 or Equivalent | <input type="checkbox"/> Year 9 or Equivalent | <input type="checkbox"/> Year 8 or Below | <input type="checkbox"/> Never Attended School |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------------------------|------------------------------------------|------------------------------------------------|

Year completed

Where completed

Previous Qualifications Achieved

Have you successfully completed any post-secondary education?

- ☐ Yes ☐ No

Please tick any qualifications that you have SUCCESSFULLY completed.

- | | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Diploma (or Associate Diploma) |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Other Education (including Certificates or Overseas Qualifications Not Listed Above) | |

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 | |

How did you hear about us

- | | | | |
|----------------------------------------------------------------------|---------------------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> MBA Staff Member | <input type="checkbox"/> Another MBA Member | <input type="checkbox"/> MBA Website | <input type="checkbox"/> Existing Client |
| <input type="checkbox"/> Returning Client | <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Other, please specify: <input type="text"/> | | | |

Marketing Permission

I agree to receive marketing materials, including emails, texts, newsletters, promotional offers, and other communications from MBA Training:

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Yes

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No

For further information about the range of MBA Training's services please refer to our website, 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 Training and other VET authorities may use and handle your personal information can be found in MBA Training'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 Training's privacy policy for administrative, regulatory and/or research purposes
- training activity at MBA, 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:

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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).

Guardian Signature:

Date:

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Language, Literacy and Numeracy

Assessment

STANDARD VERSION

Full Name: Date: /

Language, Literacy and Numeracy

MBA Training 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 TRAINING 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.

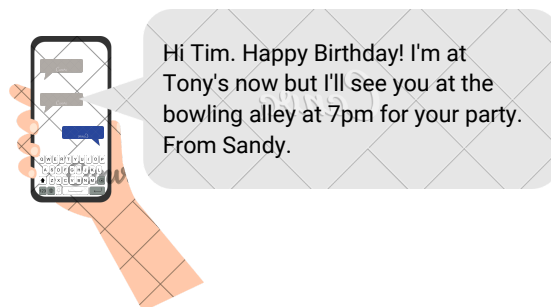
a. What type of assessment is in the traffic control course?

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				
Total Hours Worked:					12.00
Total Pay:					

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?

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:

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