Phone: (02) 6175 5900 Email: training@mba.org.au



Short Course Enrolment Form

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Name of Course:		Date of Course:	/	/
Unique Student Identifier (USI) From 1 January 2015, MBA Training can be prevented from attainment when you complete your course if you do not have website at https://www.usi.gov.au/students/find-your-usi. For further details please see our USI Policy at https://mba.com/	re a USI. To check if you	u already have a USI,	•	
Enter your Unique Student Identifier (USI) (if you already have USI Number:	complete		orm the USI Applic	SI on your behalf, plea cation published on ou edures/.
Personal Details				
Please write the name that you used when you applied for you apply for one before your course commences.	our USI, including any m	niddle names. If you o	do not have a USI,	you will need to
Family Name:	Given Name:			
Other Name:	Gender: Please Tick	Female	Male	Other
Pronouns:		Date of Birth:		
Attendee Email:				
Attendee Mobile Phone:	Attendee Home Ph			
If you are under the age of 18, please provide the name of yo	ur legal guardian.			
Guardian First Name:	Guardian Name:	Last		
Please provide your permanent residential address (street n address used for work, training, or other purposes. We are reobligations.				
Residential Address	Suburb		State/Territory	Postcode
Postal Address	Suburb		State/Territory	Postcode
Postal Address is same as Residential Address (Please Tick)			
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

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Of the following categories, which BEST describes your current empl For casual, seasonal, contract and shift work, use the current number of hour week) or part-time employed (less than 35 hours per week).	•	• •	r full time (35 hours o	or more per
Full-time Part-time Self employed - not employee employee		ployed - ing others	Employed - unpa in family busine	
Unemployed - seeking full time work Unemployed - seeking	ng part time work	Not employ	ved - not seeking ei	mployment
Company Details				
	npany tact No.:		PO No.:	
Attendee's Job Position:	Company Email:			
Company Address	Suburb	State/	Territory Postcoo	de
ABN/ACN:		e employer a mer MBA?	mber Yes	No
Business Owner/ Managing Director Name:	Email:			
The Training Fund Authority (TFA) supplies a rebate for course participulating and construction industry in the ACT who is performing work in Schedule 1 of the Building and Construction Industry Training Levy Arequirements can be found on the TFA website: https://trainingfund.co Do you perform 80% or more of your work on a live construction site? (liable for the payme Act 199. Further info om.au/. in the ACT?	ent of the Training ormation about the	Levy. Eligible work e TFA and eligiblity	is outlined
Construction	Alte	ration		Repair
Renovation	Maii	ntenance		Removal
Site preparation work including: operation of plant and equipme the ground, installation of electrical/electronics/communication				
Payment Details Who will be responsible for payment? Company/Employer	Attende	ee/Individual		
Payee Email:				
Payment Method: Credit Card (please phone the office on (02) 6175 5900 to make payment) *Please note that an enrolment is not confirmed until payment is make payment.	email	ee (will be sent to paddress listed abo	ove)	T.

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Short Course Enrolment Form

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?	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 o	or long-term condition?
If you consider yourself to have a disability, impairment or You may indicate more than one area. For an explanation of the follow https://www.mba.org.au/training/policies-and-procedures/ .	long-term condition, please select the relevant area(s) in the following list. wing disabilities, please refer to the disability supplement at
Hearing/deaf Physical	Intellectual Vision Learning
Mental illness Medical condition	Other Acquired brain impairment
Education	
Are you currently attending secondary school?	Yes No
What is your highest COMPLETED school level? (tick one but you are currently enrolled in secondary education, the highest school level you are currently undertaking. For example, if you are currently in	ool level completed refers to the highest school level you have actually completed and not the
Year 12 or Year 11 or Year 10	
Equivalent Equivalent Equiva	ellent Equivalent Below School
Year completed Where	e completed
Previous Qualifications Achieved Have you successfully completed any post-secondary educe. Please tick any qualifications that you have SUCCESSFULL	
	anced Diploma or Associate Degree Diploma (or Associate Diploma)
Certificate IV (or Advanced	
Certificate/Technician) Certif	ficate III (or Trade Certificate) Certificate II
Certificate I Other	r Education (including Certificates or Overseas Qualifications Not Listed Above)

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Short Course Enrolment Form

I want extra skills for my job For another course of study To get a better job or promotion For community/voluntary work To start my own business To develop my existing business How did you hear about us	To get a job Other
For community/voluntary work To start my own business To develop my existing business How did you hear about us	Other
How did you hear about us	
MBA 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 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 education and training (VET) course with us. We use your personal information to enable us to deliver VET courses to you, and other needed, to comply with our obligations as an RTO. The RTO obligations include sharing your personal information with relevant state training authorities. Further information about how MBA Training and other VET authorities may use and handle your personal information in MBA Training's privacy policy published at: https://mba.org.au/policies-and-procedures/.	wise, as e and territory mation can be
By signing the below you are declaring that the information provided within this form is, to the best of your knowledge, true and correalso confirming that you understand the following:	ect. You are
 that the information contained on this enrolment form may be used by MBA GT or the third parties listed in MBA Training's privation administrative, regulatory and/or research purposes training activity at MBA, including all enrolment fees and course attendance/cancellation, is conducted in accordance with the particle 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 i accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au .	n
Guardian Signature: Date: /	/

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Language, Literacy and Numeracy Assessment

HIGH RISK WORK

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.

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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.

a. A box holds 15 lettuces. At the end of the day the farm crew had filled 86 boxes. How many lettuces is that in total? b. Diesel costs \$1.86 per litre. The tractor's fuel tank is empty. When full it holds 1200 litres. How much money would it cost to fill up the tractor with fuel? Question 2: The table below shows the average price of petrol per litre for the period July 2009 to June 2010. Read the information and then answer the questions that follow. AVERAGE PETROL PRICING Month Average price/litre \$1.15 August 2009 September 2009 \$1.13 October 2009 \$1.18 November 2009 \$1.20 December 2009 \$1.22 January 2010 \$1.26 February 2010 \$1.23 March 2010 \$1.24 April 2010 \$1.23 May 2010 \$1.27 June 2010 \$1.30 a. In which month was the petrol price the lowest? **b.** In which two months was the price of petrol the same? c. In which month was the price of petrol the highest?

Question 3: Using the information in the following flyers, answer the questions below.



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

a. What are the total hours	that Café Relaxo i	s open in	one full
week?			

b.	What are the total ho	urs that Café	Cino is op-	en in one	full
۸۱۵	ack?				

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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

your office and evacuate

nearest exit and proceed

in single file in an orderly

manner to the assembly

DO NOT USE LIFTS

building unless advised to

do so by an authorised

NOTE: OUTSIDE NORMAL

2. Do not re-enter the

the building via the

IF IN IMMEDIATE DANGER,

evacuation alarm, or on

or on hearing the

being instructed to evacuate: 1. If safe to do so secure

area.

person.

THE EMERGENCY NUMBER 1. State your location

WHEN YOU DIAL

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

PROCEDURES

- 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.
- 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

WORKING HOURS HAS FINISHED
EVACUATE ON SOUNDING

	OF ALERT ALARM Quick REACTI	EMERGENCY EXIT	
a. For your own safety, what should you know?	t important piece of information		
b. Where might you expect t notice?	to see this Emergency Procedures		
c. If you hear the evacuation you do?	n alarm – whoop whoop – what do		
d. Can you use the lift in an	evacuation?		
e. If you received a bomb th should you try to record?	reat phone call, what information		
	n the following advice about a o not hang up after caller has ou are given this advice?		
g. What is the name of the c	company that produced this notice?		
LLN Student Declaration			
By signing the below, you are	agreeing that the above questions were com	pleted without assistance from any other person	on or device.
Student Signature:		Date: /	