

# Mansfield Adult Continuing Education Enrolment Form

Registered Training Organisation #3928 ABN: 25306780833

Ph 5775 2077

Fax 5775 2836

P.O Box 295 Mansfield 3724

As a recipient of Government funding for training we are required to ask students for information. This information is required by MACE and funding bodies for statistical collection and remains confidential.

**Privacy Policy can be viewed at MACE Reception.**

<b>COURSE INFORMATION</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>Course Name</b></td> <td style="width:50%;"></td> <td style="width:10%;"><b>Course Code</b></td> <td style="width:15%;"></td> </tr> <tr> <td><b>Fee</b> \$</td> <td></td> <td><b>Concession</b> \$</td> <td></td> </tr> </table> <p>If this is an accredited course, do you agree to be assessed? (please circle) Yes No</p> <p>I am aware of the MACE Privacy Policy and that this enrolment information can be used for State Funding statistical purposes. Yes <input type="checkbox"/></p>	<b>Course Name</b>		<b>Course Code</b>		<b>Fee</b> \$		<b>Concession</b> \$																																						
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<b>FEE CONCESSION (THIS CONCESSION APPLIES TO FUNDED COURSES ONLY)</b>	<p><b>Do you hold one of the following concession cards? If yes, please tick.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/></td> <td style="width:25%;">Family Allow' Supplement</td> <td style="width:25%;"><input type="checkbox"/></td> <td style="width:25%;">Youth Allowance</td> <td style="width:25%;"><input type="checkbox"/></td> <td style="width:25%;">Widow Allowance</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Parenting Payment Single</td> <td><input type="checkbox"/></td> <td>Age</td> <td><input type="checkbox"/></td> <td>Wife Pension</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mature Age Allowance</td> <td><input type="checkbox"/></td> <td>Carer's</td> <td><input type="checkbox"/></td> <td>Sickness Allowance</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Newstart Allowance</td> <td><input type="checkbox"/></td> <td>Disability Support</td> <td><input type="checkbox"/></td> <td>Low Income</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Newstart mature Age</td> <td><input type="checkbox"/></td> <td>Partner Allowance</td> <td><input type="checkbox"/></td> <td>Special Benefit</td> </tr> </table> <p><b>Card Number:</b> ..... <b>Expiry:</b> ..... <b>Sighted By:</b> .....</p>	<input type="checkbox"/>	Family Allow' Supplement	<input type="checkbox"/>	Youth Allowance	<input type="checkbox"/>	Widow Allowance	<input type="checkbox"/>	Parenting Payment Single	<input type="checkbox"/>	Age	<input type="checkbox"/>	Wife Pension	<input type="checkbox"/>	Mature Age Allowance	<input type="checkbox"/>	Carer's	<input type="checkbox"/>	Sickness Allowance	<input type="checkbox"/>	Newstart Allowance	<input type="checkbox"/>	Disability Support	<input type="checkbox"/>	Low Income	<input type="checkbox"/>	Newstart mature Age	<input type="checkbox"/>	Partner Allowance	<input type="checkbox"/>	Special Benefit															
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<b>LANGUAGE AND CULTURAL DIVERSITY</b>	<p><b>Were you born in Australia? (please circle)</b> Yes No <b>If No, please specify:</b> .....</p> <p><b>Do you speak a language other than English at home? (please circle)</b> No (only English) Yes (other) – please indicate.....</p> <p><b>How well do you speak English? (please circle)</b> Very Well (01) Well (02) Not Well (03) Not at All (04)</p> <p><b>Are you of Aboriginal or Torres Strait Islander origin? Please circle appropriate answer.</b> Aboriginal (01) Torres Strait Islander(02) Both(03) Neither(04)</p>																																													
<b>DISABILITY</b>	<p><b>Do you consider yourself to have a disability, impairment or long-term condition?( circle)</b> No Yes <b>If yes, please tick below:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/></td> <td style="width:25%;">Hearing/Deaf</td> <td style="width:25%;"><input type="checkbox"/></td> <td style="width:25%;">Mental Illness</td> <td style="width:25%;"><input type="checkbox"/></td> <td style="width:25%;">Acquired Brain Injury</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Physical</td> <td><input type="checkbox"/></td> <td>Vision</td> <td><input type="checkbox"/></td> <td>Intellectual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Learning</td> <td><input type="checkbox"/></td> <td>Medical Condition</td> <td><input type="checkbox"/></td> <td>Unspecified</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> <td colspan="4"></td> </tr> </table>	<input type="checkbox"/>	Hearing/Deaf	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Unspecified	<input type="checkbox"/>	Other																									
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Turn to page 2

<b>SCHOOLING</b>	<p><b>Are you still attending secondary school?</b> (please circle)      Yes      No</p> <p><b>Schooling level completed?</b> (please circle)  Year 12      Year 11      Year 10      Year 9      Year 8 or below      Did not go to school</p> <p><b>In which year did you complete that schooling level?</b> _____</p>																																												
<b>PREVIOUS QUALIFICATION ACHIEVED</b>	<p><b>Do you have a previous qualification?</b> (please circle)      Yes      No</p> <p><b>Please tick any qualifications below that you have SUCCESSFULLY completed.</b></p> <table border="1" data-bbox="358 447 1459 588"> <tr> <td><input type="checkbox"/></td> <td>Bachelor Degree or Higher Education</td> <td><input type="checkbox"/></td> <td>Certificate III or Trade Certificate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Advanced Diploma or Associate Degree</td> <td><input type="checkbox"/></td> <td>Certificate II</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Diploma</td> <td><input type="checkbox"/></td> <td>Certificate I</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Certificate IV</td> <td><input type="checkbox"/></td> <td>Certificate other than above</td> </tr> </table>	<input type="checkbox"/>	Bachelor Degree or Higher Education	<input type="checkbox"/>	Certificate III or Trade Certificate	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Certificate other than above																												
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<b>PAYMENT DETAILS</b>	<p><b>I am paying by:</b></p> <table border="1" data-bbox="358 1253 1425 1455"> <tr> <td colspan="2"><b>Cash</b></td> <td colspan="2"><b>Cheque payable to MACE</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Credit Card</b></td> <td><input type="checkbox"/></td> <td><b>Bankcard</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Visa</b></td> <td><input type="checkbox"/></td> <td><b>Mastercard</b></td> </tr> <tr> <td><b>Name on Card:</b></td> <td colspan="3">_____</td> </tr> <tr> <td><b>Card Number:</b></td> <td colspan="3"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td><b>Expiry Date:</b></td> <td colspan="3">___ / ___</td> </tr> </table> <p><b>Signature of Cardholder:</b>  <b>I am aware of the MACE Refund Policy: (if not please ask staff)</b>      Yes <input type="checkbox"/></p>	<b>Cash</b>		<b>Cheque payable to MACE</b>		<input type="checkbox"/>	<b>Credit Card</b>	<input type="checkbox"/>	<b>Bankcard</b>	<input type="checkbox"/>	<b>Visa</b>	<input type="checkbox"/>	<b>Mastercard</b>	<b>Name on Card:</b>	_____			<b>Card Number:</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																							<b>Expiry Date:</b>	___ / ___		
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