

Mansfield Adult Continuing Education Enrolment Form

Registered Training Organisation #3928 ABN: 25306780833

Ph 5775 2077

Fax 5775 2836

P.O Box 295 Mansfield 3724

This information is required by MACE and funding bodies for statistical collection and remains confidential.

COURSE INFORMATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Course Name</td> <td style="width:45%;"></td> <td style="width:15%;">Course Code</td> <td style="width:25%;"></td> </tr> <tr> <td>Fee</td> <td>\$</td> <td>Concession</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>VSN</td> <td></td> </tr> </table> <p>If this is an accredited course, do you agree to be assessed? Yes <input type="checkbox"/> No <input type="checkbox"/> I am aware of the MACE Refund Policy. Yes <input type="checkbox"/> 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> <p>*** A copy of the Privacy Policy can be obtained from Reception or at www.mace.vic.edu.au</p>	Course Name		Course Code		Fee	\$	Concession	\$			VSN																																					
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FEE CONCESSION (THIS CONCESSION APPLIES TO FUNDED COURSES ONLY)	<p>Do you hold one of the following concession cards? If yes, please tick.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Family Allow' Supplement</td> <td><input type="checkbox"/></td> <td>Youth Allowance</td> <td><input type="checkbox"/></td> <td>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>Card Number: Expiry: Sighted By:</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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LANGUAGE AND CULTURAL DIVERSITY	<p>Were you born in Australia? (please circle) Yes No If No, please specify:</p> <p>Do you speak a language other than English at home? (please circle) No (only English) Yes (other) – please indicate.....</p> <p>How well do you speak English? (please circle) Very Well (01) Well (02) Not Well (03) Not at All (04)</p> <p>Are you of Aboriginal or Torres Strait Islander origin? Please circle appropriate answer. Aboriginal (01) Torres Strait Islander(02) Both(03) Neither(04)</p>																																																
DISABILITY	<p>Do you consider yourself to have a disability, impairment or long-term condition?(circle) No Yes If yes, please tick below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Hearing/Deaf</td> <td><input type="checkbox"/></td> <td>Mental Illness</td> <td><input type="checkbox"/></td> <td>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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SCHOOLING	<p style="text-align: right;"><i>Turn to page 2</i></p> <p>Are you still attending secondary school? (please circle) Yes No Schooling level completed? (please circle)</p>																																																

	Year 12 Year 11 Year 10 Year 9 Year 8 or below Did not go to school In which year did you complete that schooling level? _____																				
PREVIOUS QUALIFICATION ACHIEVED	<p>Do you have a previous qualification? (please circle) Yes No Please tick any qualifications below that you have SUCCESSFULLY completed.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> Bachelor Degree or Higher Education</td> <td style="width:50%;"><input type="checkbox"/> Certificate III or Trade Certificate</td> </tr> <tr> <td><input type="checkbox"/> Advanced Diploma or Associate Degree</td> <td><input type="checkbox"/> Certificate II</td> </tr> <tr> <td><input type="checkbox"/> Diploma</td> <td><input type="checkbox"/> Certificate I</td> </tr> <tr> <td><input type="checkbox"/> Certificate IV</td> <td><input type="checkbox"/> 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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EMPLOYMENT	<p>Please circle the code that best describes your current employment status.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">01 Full – time Employee</td> <td style="width:50%;">05 Employed – unpaid family worker</td> </tr> <tr> <td>02 Part – time Employee</td> <td>06 Unemployed seeking full time work</td> </tr> <tr> <td>03 Self employed – not employing others</td> <td>07 Unemployed seeking part – time work</td> </tr> <tr> <td>04 Employer</td> <td>08 Not employed – not seeking work</td> </tr> </table>	01 Full – time Employee	05 Employed – unpaid family worker	02 Part – time Employee	06 Unemployed seeking full time work	03 Self employed – not employing others	07 Unemployed seeking part – time work	04 Employer	08 Not employed – not seeking work												
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STUDY REASONS	<p>Please circle the code that best describes your reasons for undertaking this course/program?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">01 To get a job</td> <td style="width:50%;">06 It was a requirement of my job</td> </tr> <tr> <td>02 To develop my existing business</td> <td>07 I wanted extra skills for my job</td> </tr> <tr> <td>03 To start my own business</td> <td>08 To get into another course or study</td> </tr> <tr> <td>04 To try for a different career</td> <td>11 Other reasons</td> </tr> <tr> <td>05 To get a better job or promotion</td> <td>12 For personal interest/ self development</td> </tr> </table>	01 To get a job	06 It was a requirement of my job	02 To develop my existing business	07 I wanted extra skills for my job	03 To start my own business	08 To get into another course or study	04 To try for a different career	11 Other reasons	05 To get a better job or promotion	12 For personal interest/ self development										
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PAYMENT DETAILS	<p>I am paying by:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Cash</td> <td style="width:50%;">Cheque payable to MACE</td> </tr> <tr> <td>Credit Card</td> <td>Bankcard</td> </tr> <tr> <td>Visa</td> <td>Mastercard</td> </tr> <tr> <td colspan="2">Name on Card: _____</td> </tr> <tr> <td colspan="2">Card Number: _____</td> </tr> <tr> <td colspan="2">Expiry Date: ____ / ____</td> </tr> </table> <p>Signature of Cardholder: _____</p>	Cash	Cheque payable to MACE	Credit Card	Bankcard	Visa	Mastercard	Name on Card: _____		Card Number: _____		Expiry Date: ____ / ____									
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SIGNATURE	<p>Signature _____ Date _____</p> <p>Please Note: Enrolment is not complete until fees are paid. Unless enrolment is complete and fees are paid you will not be eligible for accreditation.</p>																				
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