

Please complete this form and return to:
 Mercy Health Training Institute
 67 Cade Way
 Parkville Vic 3052
 Or Fax: (03) 9261 2032
 Or Email: mhti@mercy.com.au



MERCY HEALTH TRAINING INSTITUTE

COURSE ENROLMENT FORM

1. COURSE INFORMATION

Course Code & Title			
Date		Location	

2. PERSONAL INFORMATION

(Please Print)

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
First Name			Surname		
Date of Birth			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female

3. HOME ADDRESS

(Please Print)

Home Street No. & Street Name				
Suburb		State		Postcode

4. POSTAL ADDRESS (if different to home address)

(Please Print)

Street Address				
PO Box				
Suburb		State		Postcode

5. CONTACT DETAILS

(Please Print)

Home Phone No.		Mobile Phone No.	
Email:		Fax No.	

6. EMERGENCY CONTACT

(Please Print)

Full Name		Relationship	
Contact No. 1		Contact No. 2	

7. VICTORIAN STUDENT NUMBER (VSN)

(Please Print)

State your Victorian Student Number (VSN)

I have not provided my Victorian School Number (VSN) because:

I am new to the Victorian Education System. I have never attended a School, TAFE, or other VET Training provider in Victoria.

I don't know my number

8. CITIZENSHIP

(Please Print)

In which Country were you born?

Australia

Other, Please Specify _____

Are you?

Australian Citizen

Permanent Resident of Australia

No, Visa **If Visa, please provide:**

Visa Sub-Class No.

Type of Visa

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

9. LANGUAGE & LITERACY

(Please Print)

Do you speak a language other than English at home?

No, English only

Yes, please print name of language _____

How well do you speak English?

Very well

Well

Not well

Not at all

How well do you write English?

Very well

Well

Not well

Not at all

How well do you read English?

Very well

Well

Not well

Not at all

10. DISABILITY

(Please Print)

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

Providing information about a disability will not disadvantage your application. This information is collected to ensure that Mercy Health Training Institute provides appropriate information on the support services available to students. This information is also collected for statistical and planning purposes.

No

Mental Illness

Acquired Brain Impairment

Vision

Physical

Hearing / Deaf

Intellectual

Learning

Medical Condition

Other, please specify: _____

11. SECONDARY EDUCATION

(Please Print)

What is your highest completed school level?

- | | |
|--|---|
| <input type="checkbox"/> Completed year 12 | <input type="checkbox"/> Completed year 9 or equivalent |
| <input type="checkbox"/> Completed year 11 | <input type="checkbox"/> Completed year 8 or lower |
| <input type="checkbox"/> Completed year 10 | <input type="checkbox"/> Did not go to Secondary School |

In which year did you complete that school level, eg 2002

Are you still attending Secondary school?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

12. POST SECONDARY EDUCATION

(Please Print)

Have you successfully completed any of the following qualifications? Yes No

If yes (please tick ANY applicable boxes)

- | | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III / Trade Certificate |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma / Associate Diploma | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV / Advanced Certificate/Technician | <input type="checkbox"/> Certificates other than the above |

In which year did you complete the most recent qualification?

Please submit a copy of all qualification certificates and transcript of results with your application

13. STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course?
(Tick ONE box only)

(Please Print)

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> I want extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> To get a better job / promotion |
| <input type="checkbox"/> Other, please provide a reason:
_____ | <input type="checkbox"/> To get in to another course |

13. EMPLOYMENT STATUS

(Please Print)

Of the following categories, which best describes your current employment status? (Tick ONE box only)

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

If currently employed please provide the following details:

Position:		Organisation:	
Department:		Date of Employment commencement:	
Street Address:			
Suburb		State	
		Postcode	
Work Telephone No.:		Mobile No.	

14. PRIVACY STATEMENT

I understand that:

Mercy Health Training Institute is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires Mercy Health Training Institute to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

I declare that:

- the information I have provided on this form is correct at the time of completion.
- I understand that falsifying my information may affect my eligibility to enrol in a government funded subsidised place and as a result I may be required to pay the full course fee.
- I agree to abide by the standards of conduct and the rules and regulation of Mercy Health Training Institute during my enrolment.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I am aware that the information collected could be used for research, statistical analysis, program evaluation, post completion surveys and internal management purposes.
- I agree that in case of an accident or illness where I require medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.

I understand that a representative from Mercy Health Training Institute will contact me regarding funding eligibility and fees and course study options.

I acknowledge and agree to the terms described in this privacy statement:

Applicant signature		Date	
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For further information:

Website: www.mhti.com.au
Email: mhti@mercy.com.au
Telephone: (03) 9261 2085

OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Entered into Wise.Net | <input type="checkbox"/> Confirmation Letter |
| <input type="checkbox"/> Enrolled into Course | <input type="checkbox"/> Student File Created |
| <input type="checkbox"/> Payment Confirmed | Staff Signature: |