

**Please complete this form and return to:**  
 Mercy Health Training Institute  
 67 Cade Way  
 Parkville Vic 3052  
 Or Fax: 9261 2032



## MERCY HEALTH TRAINING INSTITUTE

### COURSE ENROLMENT FORM

1. COURSE INFORMATION			
Course 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				Last Name			
Victorian School Number (VSN):							
Position				Organisation			
Residential street address					Suburb		
State	Postcode			Phone			Mobile
P.O. Box	Suburb				State		
Email					Fax		
Date of Birth							

3. EMPLOYMENT STATUS							
(Please Print)							
Of the following categories, which <u>best</u> describes your main reason for undertaking this course? ( <i>Tick ONE box only</i> )							
<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			Street address				
Suburb					State		
Date of employment commencement					Telephone		

#### 4. 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 10	<input type="checkbox"/>	Completed year 8 or lower		
<input type="checkbox"/>	Completed year 11	<input type="checkbox"/>	Did not go to Secondary school		
In which year did you complete that school level					
Are you still attending school?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

#### 5. DIVERSITY

(Please Print)

Are you of aboriginal or Torres Strait Islander origin? *(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)*

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander
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What is your country of birth?

If not born in Australia, state the year of arrival in Australia

Are you an Australian Citizen?  Yes  No      Are you a Permanent Resident of Australia?  Yes  No

Do you speak a language other than English at home?

No       Yes, please specify

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

#### 6. 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 (or Trade Certificate)
<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Certificate IV (or 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**

### 7. STUDY REASON

**OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE? (TICK ONE BOX ONLY)**

<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"/> To gain extra skills for my job
<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

### 8. 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.

<input type="checkbox"/> No	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Vision	<input type="checkbox"/> Physical	<input type="checkbox"/> Hearing/Deaf
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other, please specify _____		

### 9. EMERGENCY CONTACT

(Please Print)

Full name	Relationship
Contact No. 1	Contact No. 2

### 10. PAYMENT DETAILS

(Please Print)

Course Fee \$

Payment Plan

A payment plan is available for Full Fee Paying students only. A deposit of \$???? is required with this enrolment form. The balance of payment will be evenly calculated into fortnightly instalments. An MHTI staff member will contact you to set up the terms of the payment plan upon receipt of your enrolment and deposit.

**CREDIT CARD PAYMENT**

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount to be debited							
Cardholder's Name						Expiry Date	<input type="text"/> / <input type="text"/>
Cardholder's Signature						Credit card verification code (last 3 digits on back of card)	<input type="text"/>

**INVOICE**

<input type="checkbox"/> Invoice (Please send invoice to )	First Name	Last Name
Position	Organisation	
Department	Street address	
Suburb	State	Postcode
Email	Telephone	

**DIRECT DEBIT PAYMENT**

Request and Authority to Debit	I _____ (full name) request and authorise Mercy Health Training institute to arrange, through its own financial institution, for any amount Mercy Health Training Institute may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User.
Insert name and address of financial institution of which account is held	
Insert name of account which is to be debited	
BSB Number	
Account Number	
Acknowledgement	By Signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Mercy Health Training Institute as set out in this request.
Payment Details	The amount of \$_____ to be debited
Insert your signature	
Insert your address	
Insert date	

**11. FEES, REFUND AND CANCELLATION POLICY**

1. Payment	<p>Course fee payable at time of enrolment. Organisations can be invoiced with invoices to be paid in full within 7 days and prior to course commencement.</p> <p>A student is not considered enrolled until they have paid the course fee or deposit.</p>
2. Withdrawals	<p>When written notification of withdrawal from a course is received with more than 5 full working days prior to the course commencement, a full refund less a non-refundable administration fee of 25% of the full course fee.</p> <p>When written notification of withdrawal from a course is received less than 5 full working days prior to the course commencement date, a partial refund less 50% of the full course fee.</p> <p>No refunds will be issued on or after course commencement. For online learning, course commencement is considered to be when the student has logged into the Learning Management System and commenced the first unit.</p>
3. Transfer	<p>Notification of transfers to another course or course date with less than 5 full working days prior to the course commencement date will incur a transfer fee equal to 15% of the full course fee. No transfers permitted after course commencement.</p>
4. Cancellation	<p>Mercy Health Training Institute reserves the right to cancel any course that does not have the required enrolment numbers or in the event of exceptional circumstances. A full refund or alternative course will be offered under these circumstances.</p>
5. Payment Plans	<p>Students who are on a payment plan and who withdraw but have not paid in full may be eligible for a refund depending on the amount already paid and the timeframe of the withdrawal (as per 2. Withdrawals).</p> <p><b>Important note:</b> Students on payment plans who have outstanding fees after the refund policy has been applied will have the remaining balance of the course fees debited from their account until the amount owing is paid in full.</p>

## 12. PRIVACY STATEMENT

Personal information you provide on this form is private and confidential and used solely for the purposes of our services to you with the exception of the national statistical database to inform future federal funding in Vocational Training. Your personal details will never be distributed to a third party without your consent.

I hereby authorise Mercy Health Training Institute to obtain copies of my identification for confirmation of proof of age and concession status for the purposes of determining eligibility for Government Funding.

The above information is true to the best of my knowledge. I accept the terms and conditions.

Applicant signature

Date

### For further information

Website [www.mhti.com.au](http://www.mhti.com.au)

Email [mhti@mercy.com.au](mailto:mhti@mercy.com.au)

Tel 03 9261 2085

### OFFICE USE ONLY

<input type="checkbox"/>	Entered in to Wise.Net	<input type="checkbox"/>	Confirmation Letter
<input type="checkbox"/>	Enrolled in to Course	<input type="checkbox"/>	Student File Created
<input type="checkbox"/>	Payment confirmed	Staff Sign	