

Enrolment Kit-AQF 1-3



Email: admin@mwtrain.com.au

Ph: 0432503256
www.mwtrain.com.au
Training that Creates Change

Contents

- 1. Enrolment Form
- 2. Enrolment Information
- 3. Core Skills For Work

Privacy Notice –

Please have this read and explained to you

Under the *Data Provision Requirements 2012*, **MW Training Consultants** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **MW Training Consultants** for statistical, regulatory and research purposes. **MW Training Consultants** may disclose your personal information for these purposes to third parties, including:

- School if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVFR
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act* 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement]
DATE
PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement]*
DATE

You can ask for help to complete this form

Please Note: It is important that this enrolment form is completed in full. Incomplete enrolment forms will not be accepted and will be returned.

ENROLMENT FORM						
		S	TUDENT INFO	RMATION	l	
Title:	First Nam	e:		Last	: Name:	
Date of birth:			Gender:	'	Contact Phone Number:	
Unique Student Identifier (USI) Number:						
		nents will not be accept ou can apply for it direc			vided your USI Number above. If you have	
Address						
Street Number:	:	Street Name:				
Suburb:			State:		Post Code:	
Email Address:						
Country of Birth	า:		Language spok	en at home	:	
Proficiency in E	inglish: O	Very Well O Well	O Not Well	O Not a	at all	
Indigenous Sta	tus: O Ab	original OTorres Strait I	slander O Bot	h O Neit	her	
Do you have a	disability th	nat could affect your learni	ng? O Yes C) No		
If yes, please e	explain:					
		I	PREVIOUS ED	UCATION		
Highest School	Level Com	pleted: O Year 8 or below	w O Year 9	O Year 10	○ Year 11 ○ Year 12	
What year did	you finish s	school?				
Please list below	w all currer	nt qualifications you have				
			EMPLOYMENT	STATUS		
Employment St	atus: O F	Full Time Part Time	○ Self Employ	ed 🔘 Une	employed	
What is your m	ain study r	eason?				
			COURS	SE .		
The Course:						
Method of stud	y: O Dista	ance Self Paced O RPL		Course Co	st: \$: \$500 or less upon ; installment payments for remainder of course	
			PAYMENT M		,	
Direct Deposit					Credit Card O Mastercard O Visa	
Account Name:	MW Train	ing Consultants			Card Number:	

Bank: National A	ustralia Bank	Expiry Date:	CVV:				
BSB: 084-209	Account Number: 54-567-1373	Cardholders Name:					
	se put your full name as the reference (this is a MUST fy your particular payment)	Cardholders Signature:					
I authorize MW Training Consultants to debit the above credit card in the amount of \$ for the purpose of enrolling into training Signature:							
Bank or Personal Cheque – please make payable to MW Training Consultants							
SIGNATURE							
O I would like to apply for enrolment with MW Training Consultants and agree that the policies in the Student Handbook and privacy statement have been read and understood by me.							
I understand that payment must be received before commencement of this course. I choose this option for payment: a. Full payment with enrolment							
b. Payment Plan O I declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to MW Training to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.							
Signature of app	licant:	Date:					
To lodge your completed enrolment form							
Post to: MW Training Coi PO BOX 71 Scarborough QLI		Email to: admin@mwtrain.com.au					

Unique Student Identifier – You may need help to gain this number

Below is information regarding the Unique Student Identifier (USI)

 $\underline{\text{http://www.usi.gov.au/help-centre/student-help/Pages/information-needed-to-apply-for-a-}} \underline{\text{USI.aspx\#}}$

What is the USI? The Unique Student Identifier

Enrolment Information

This section is to be handwritten not typed.

This information helps us to identify the learning course for each student

Employment	
What work do you want to do?	Future Employment:
Education	
What training do you think	The future
you need?	
Language	
Do you speak another	
language? What is it?	
Cultural Identity	
What is your culture?	

Core Skills for Work Self Assessment

All students will be required to complete this self-assessment which can be with support

Instructions

Respond to each statement by placing a score of 1 to 5 in each box to the following scale:

- 1. Not at all
- 2. A little
- 3. Somewhat
- 4. Mostly
- 5. Definitely

NAVIGATE THE WORLD OF WORK					
Manage career and work life	1	2	3	4	5
I know what I would like to do for my career and work life					
I can apply for jobs					
Work with roles, rights and responsibilities	1	2	3	4	5
I can work without assistance					
I know my legal rights and job in the workplace					
INTERACT WITH OTHERS					
Communicate for work	1	2	3	4	5
I know how to talk with my work mates					
I can read enough to be safe at work					
Connect with others	1	2	3	4	5
I know what I am good at					
I am calm in the workplace					
Recognise and utilise diverse perspectives	1	2	3	4	5
I respect other people may have different beliefs to me					
I am respectful to all people					
GET THE WORK DONE					
Plan and organise	1	2	3	4	5
I can plan my work day					
I work to my instructions					
Make decisions	1	2	3	4	5
I can make decisions with some help					
I check if the decision was right					
Identify and solve problems	1	2	3	4	5
I can work out work problems independently					
I know when and how to ask for help					
Create and innovate	1	2	3	4	5
I know we need to improve our work					
I help others to think of better ways to work					
Work in a digital world	1	2	3	4	5
I can use machines					
I can use a computer					

Client demonstrated a CSfW Stage:....