

ENROLMENT FORM

Enrolment for the following classes: **HR-A** **HR-B** **HR-OPEN** **HC** **MC** .

Personal Details

PLEASE CIRCLE: Mr

Mrs

Ms

Miss

Dr

Family Name: _____

Given Names:
Organisation (If
workplace are
paying):

Date of Birth: _____

WA Licence
number: _____

Expiry date: _____

Contact Details

Telephone Work: _____

Mobile: _____

Email Address: _____

Alternate email: _____

Website: _____

Address

Residential Address:

Suburb: _____

Postcode: _____

Postal Address *(leave this blank if same as above)*:

Suburb: _____

Postcode: _____

VET Related Details

Gender *(please tick)*:Male Female

Country of Birth: _____

City/Town of Birth: _____

Country of
Citizenship: _____

Australian
Citizenship status: _____

(e.g.: permanent visa/temp visa etc)

Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Torres Strait Islander and Aboriginal

Is English your main language?

Yes, English is my main language

No, English is not my main language

How well do you speak English?

Very Well

Well

Not well

Not at all

| | | | |
|---------------------|--|-------------|--|
| Name of document: | Learner Information Brochure & Enrolment HR | | |
| Version Number: 7.0 | Location: Miro Training /Compliance Documents / 2023 Compliance Folder / TLIC3004 HR | | |
| Reviewed: May 2023 | Next review due: May 2024 | | |
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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 |

What is your highest completed school level to date?

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

In which year did you complete that school level? _____

Have you successfully completed any of the following qualifications?

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No (Go to the Employment section) |
| <input type="checkbox"/> | Bachelor's 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 |

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 develop my existing business |
| <input type="checkbox"/> | To start my own business | <input type="checkbox"/> | To try for a different career |
| <input type="checkbox"/> | To get a better job or promotion | <input type="checkbox"/> | It was a requirement of my job |
| <input type="checkbox"/> | I wanted extra skills for my job | <input type="checkbox"/> | To get into another course of study |
| <input type="checkbox"/> | For personal interest or self-development | <input type="checkbox"/> | Other reasons |

Course Details

All of our training is structured as One-on-One Tuition and allocates the majority of the course hours to providing Learners with hands-on practical driving experience. Our tailored approach in the delivery of training recognises the diversity of support requirements amongst Learners and we adapt our programs to suit the needs of the individual learner. We provide mentoring and ongoing support to assist Learners to complete the practical and written assessments.

Course start date _____ Time: _____

PDA Assessments ONLY

Only complete this section if you are enrolling to complete ONLY a DoT PDA assessment or re-assessment:

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Please tick the appropriate area:

- I am an External client who holds a current SOA from another RTO and wishes to complete a PDA with MTC
- I am an External client who failed the initial PDA assessment with another RTO and require a re-assessment with MTC.
- I am a learner with MTC who has failed the Initial PDA with MTC and requires a re-assessment.

Disability

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

- No disability
- Hearing/DeafPhysical
- Intellectual
- Learning
- Mental illnessAcquired brain impairment
- Vision
- Medical condition
- Asperger's
- Dyslexia
- ADHD
- Poor Concentration
- Other Restriction/Condition or Disability not noted above, please provide more detail:

Do you have any conditions, restrictions, or disabilities that you think may impact your ability to learn e.g. Hearing impediment, literacy, language & numeracy (LLN) issues, language barriers, injured leg / hand / arm, Dyslexia, poor concentration, ADHD?

Yes No

Wearing visual aids is not considered a disability therefore does not need to be noted in this section.

If Yes, please provide us with a brief description of your situation:

.....

Emergency Contact

Name: _____ Mobile Number: _____

Participant Identifiers

Unique Student Identifier (USI):

If a student does not have a USI, it will be necessary to create one in order for us to issue you with certification. Learners have to create their own USI number by logging onto www.usi.gov.au before they enroll or during the enrolment process.

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Read the following statements below and tick to confirm understanding & please sign and date at the bottom.

| | |
|----|--|
| 1 | I have completed all sections of this Enrolment Form. |
| 2 | I have read, and I understand all the information presented in the Learner Information Pack for the course I have enrolled in. |
| 3 | It is my responsibility to ensure my driving licence is current. I agree no refund or credit will be provided should this be an issue on the day. |
| 4 | I will be responsible for; over the course of the training program whilst I am driving the vehicle, should there be an accident, I will be responsible for the cost of the excess for insurance purposes for RTO. |
| 5 | I consent to the RTO to use my personal information for the purposes of this course and the directing agencies that govern this program only. |
| 6 | I will be responsible for; if I incur a fine, due to a traffic infringement whilst driving the vehicle under training, assessment and/or PDA I will take full responsibility to pay for this fine. |
| 7 | I will be responsible for; wilful damage of any part of the vehicle during my driving experience and will pay for all damage to the machinery not covered by MTC insurances. |
| 8 | I understand should I require to wear glasses/contacts; I will notify the trainer/assessor during the eyesight test and be required to wear the glasses/contacts during the driving experience. |
| 9 | I understand an eyesight test (requirement for DoT) will be conducted prior to commencing my driver training. If I fail the eyesight test, training cannot commence, and my course/lesson fees will be refunded less \$60 administration fee. |
| 10 | I understand that my Theory Assessment must be completed and brought with me on the day of training. This completed theory assessment must also be legible for the trainer to mark. |
| 11 | I understand, if I have not completed my theory assessment on arrival at the RTO, failure to do so will mean the assessment cannot be undertaken and I will forfeit all costs. |
| 12 | I am aware an additional fee must be paid to DoT on submitting my documentation. (If required) |
| 13 | I am aware that I must successfully complete the training component before I am eligible to sit a Dept. of Transport Practical Driving Assessment. (DoT PDA) |
| 14 | I understand that deferred assessments may only be in credit for a maximum of 3 months. |
| 15 | I am aware that the RTO has a strict policy regarding refunds and I acknowledge that any cancellations must be received in writing no less than 5 working days prior to course commencement in order for a full refund or credit to be applied |
| 16 | I understand that, if for any reason, a Trainer / Assessor has probable cause to believe that I have attended my training under the influence of alcohol or drugs, I will subject to a breathalyser test and further sanctions as outlined fully in the RTO Disciplinary Policy |
| 17 | I understand there is a non-refundable Booking Fee of \$300.00 |
| 18 | Prior to commencing any training and/or assessment, I will provide to the RTO staff the two (2) forms of identification (originals or certified copies only) as indicated on the Enrolment Form such as Licence and Medicare Card |
| 19 | I have advised the RTO of any conditions, disabilities or restrictions that may impact my ability to learn or be assessed on the Enrolment Form. |
| 20 | I understand all the RTO programs involve reading tasks, written & knowledge assessments, verbal questioning, individual one-on-one tuition with hands on driving experience, and a driving assessment requiring the demonstration and application of skills & knowledge relevant to the competencies of the course. |
| 21 | I am aware there are mandatory breaks during the courses, of which are taken during the allocated training time |
| 22 | I am aware that it is my responsibility to ensure that my Driver Licence is eligible (with the Dept. of Transport) to conduct training and assessment on the specified day. I agree that no refund or credit will be given for cancelled training & assessment if there is an issue on the day in regard to my willingness to complete training or Driver Licence with the Dept. of Transport. |
| 23 | I understand that opting in for the Assessment Only, NO TRAINING whatsoever is provided to me and I must submit my completed Theory Assessment prior to commencing my Practical Driving Assessment. |
| 24 | I am aware that it is an offence to make a false statement in any part of this form |
| | By signing this enrolment, I understand I have read and understood all the above conditions, requirements and expectations as laid out in numbers 1 -24 |
| | SIGNATURE: |

| | |
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DATE:

Privacy Notice & Declaration

Why we collect your personal information.

Under the Data Provision Requirements as a Registered Training Organisation (RTO) we are required to collect personal information about you so we can process and manage our enrolment in a vocational education and training (VET) course you attend with us. If you do not provide adequate information as requested, we may not be able to process your application.

How do we use your personal information?

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information?

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETRA Act) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing, and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETRA Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information.

The NCVER will collect, hold, use and disclose your personal information IAW the law, including the *Privacy Act 1988 (Cth) (Privacy Act)* and the *NVETRA Act*.

Your personal information may be used and disclosed by NCVER for purposes that include:

- populating authenticated VET transcripts
- administration of VET
- facilitation of statistics and research relating to education, including surveys and data linkage; and
- Understanding the VET market.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your trainer who will be able to provide the requested information or access. DESE is authorised by law, including the Privacy Act and the NVETRA Act, to collect use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at: [//www.dese.gov.au/national-vet-data/vet-privacy-notice](http://www.dese.gov.au/national-vet-data/vet-privacy-notice).

Please refer to the additional State or Territory Authority Privacy Notice included in this application process should this be relevant to your application.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact us to:

- request access to your personal information

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- correct your personal information.
- make a complaint about how your personal information has been handled.
- ask a question about this Privacy Notice

We retain our records of personal information about all individuals with whom we undertake any form of business activity. We must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

Identification Evidence

As a government registered training organisation, regulated by the Training Accreditation Council, we are required to collect, hold, use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the National Vocational Education and Training Regulator Act 2011 and associated with legislative instruments.

We must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of services delivery and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs.

Important

In providing your personal information as requested and signing this notice, you are providing your consent for the collection, storage, use and disclosure of your personal information as outlined and confirming your receipt of, and understanding of these details

For more information about NCVET's Privacy Policy go to [://www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

| OFFICE USE ONLY | | |
|--|--|----------|
| Supporting documents verified (licence check and copy taken) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments |
| USI verified (if provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments |
| USI applied (if not provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments |
| Pre-training Review | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| LLN Test/Interview | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Processed by | | |
| Date | | |
| | | |

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