



Personal Details	
Student ID	
Title	
Given Name:	
Other name(s):	
Family name (surname):	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Date of birth:	
Nationality:	

Contact Details	
Home Phone number:	
Work Phone number:	
Mobile	
EMAIL address	
Alternate Email address (optional)	

Australian Residential address	
Unit or Apartment number	
Full Street address	
Suburb	
Post code	
State	

Postal address (if different from residential address)	
Unit or Apartment number	
Full Street address	
Suburb	
Post code	
State	



Emergency contact	
Full Name	
Relationship	
Phone number	
Mobile	
Email address	
Unit or Apartment number	
Full Street address	
Suburb	
Post code	
State	

Passport details	
Passport number:	
Country of issue:	
Expiry date:	

Unique Student Identifier (USI)											
Do you have a USI? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please provide your USI number in the box below-											
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
If you do not have a USI number, you can visit www.usi.gov.au to create your USI. You can also contact our Student Support Officers to guide you how you could create your USI using the website.											

Language and cultural diversity	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify _____
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Other, please specify _____
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres strait Islander



Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select the area/s in the following list, if you ticked Yes box in the previous section	
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Other	

Education/Qualification achieved	
Name of highest qualification achieved? (Please attach copies of all completed qualifications)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
Are you still attending secondary or senior secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)
Do you have an IELTS score?	<input type="checkbox"/> Yes <input type="checkbox"/> No Score:
Do you have a TOEFL score?	<input type="checkbox"/> Yes <input type="checkbox"/> No Score:
Do you have a PTE score?	<input type="checkbox"/> Yes <input type="checkbox"/> No Score:

Employment	
Of the following categories, which BEST describes your current employment status? <i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week) 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"/> Self-employed – employing others	<input type="checkbox"/> Not employed – not seeking employment

Course of study	
<input type="checkbox"/> BSB40215 Certificate IV in Business	<input type="checkbox"/> HLTAID001 Provides Cardiopulmonary Resuscitation
<input type="checkbox"/> BSB50215 Diploma of Business	<input type="checkbox"/> HLTAID002 Provides Basic Emergency Life Support
<input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management	<input type="checkbox"/> HLTAID003 Provides First Aid
<input type="checkbox"/> BSB51915 Diploma of Leadership and Management	<input type="checkbox"/> HLTAID004 Provides an Emergency First Aid Response in an Education and Care Setting
Expected course start date:	

Study Reason	
Of the following categories which BEST describes your main reason to undertake this course?	
<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job promotion	<input type="checkbox"/> Other reasons

Credit Transfer and Recognition of Prior Learning (RPL)	
Do you wish to apply for Course Credit/RPL? <i>If yes, please refer to the Student Handbook.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Overseas Student Health Cover (OSHC)	
Do you require Overseas Student Health Cover (OSHC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of your current cover (if applicable).	Start Date: _____ End Date: _____

Emergency Medical Indemnity

I authorise Melbourne Metropolitan College or their representative to provide/obtain medical treatment in the event of an emergency, and I indemnify Melbourne Metropolitan College or their representative.



Media Consent

I consent/do not consent to the use of my photos/videos/testimonials/interviews to be used in Melbourne Metropolitan College's promotional materials prepared for marketing purposes in Australia and in overseas.

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Melbourne Metropolitan College 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 Melbourne Metropolitan College for statistical, regulatory and research purposes. Melbourne Metropolitan College 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;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

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

- Issuing statements of attainment or 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 programme 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.

I understand that failure to provide correct information or documentation/evidence in relation to this application form may result in cancellation of my enrolment with Melbourne Metropolitan College.

STUDENT SIGNATURE (or electronic acknowledgement)

.....

DATE

PARENT/GUARDIAN NAME and SIGNATURE (or electronic acknowledgement)

.....

DATE

**Parental/guardian consent is required for all students under the age of 18.*