

International Student Enrolment Form

Alice Springs Campus
(95 Sadadeen Rd, SADADEEN, Northern Territory 0870)

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	

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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" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></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

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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"/> BSB51918 Diploma of Leadership and Management
<input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management	
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 an 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 overseas.

Privacy Notice

1. Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

2. How 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.

3. How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR 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 NVETR Act) to disclose your personal information to the relevant state or territory training authority.

4. How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR 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 is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

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 RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information

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about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

5. Surveys

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

6. Contact information

At any time, you may contact *Melbourne Metropolitan College* to:

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

Melbourne Metropolitan College

Phone: 1300 113 520

Emergency Mobile: 0418 270 682

Website: www.mmc.edu.au | Email: admissions@mmc.edu.au

Address: 95 Sadadeen Rd, SADADEEN, Northern Territory 0870

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.



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STUDENT SIGNATURE (or electronic acknowledgement)

Date: _____