

**Enrolment Kit- AQF 1-3**



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*Training that Creates Change*

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| **Enrolment Form** | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | |
| Title: | First Name: | | | | | | Last Name: | | |
| Date of birth: | | | | | Gender: | | | Contact Phone Number: | |
| Unique Student Identifier (USI) Number:  **Please note that enrolments will not be accepted unless you have provided your USI Number above. If you have not yet obtained one you can apply for it directly at** [**www.usi.gov.au**](http://www.usi.gov.au) | | | | | | | | | |
| Address | | | | | | | | | |
| Street Number: | | | Street Name: | | | | | | |
| Suburb: | | | | | State: | | | Post Code: | |
| Email Address: | | | | | | | | | |
| Country of Birth: | | | | Language spoken at home: | | | | | |
| Proficiency in English: Very Well Well Not Well Not at all | | | | | | | | | |
| Indigenous Status: Aboriginal Torres Strait Islander Both Neither | | | | | | | | | |
| Do you have a disability that could affect your learning? Yes No | | | | | | | | | |
| If yes, please explain: | | | | | | | | | |
| **Previous Education** | | | | | | | | | |
| Highest School Level Completed: Year 8 or below Year 9 Year 10 Year 11 Year 12 | | | | | | | | | |
| What year did you finish school? | | | | | | | | | |
| Please list below all current qualifications you have | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **employment status** | | | | | | | | | |
| Employment Status: Full Time Part Time Self Employed Unemployed | | | | | | | | | |
| What is your main study reason? | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Course** | | | | | | | | | |
| The Course: | | | | | | | | | |
| Method of study: Distance Self Paced RPL | | | | | | Course Cost: $ : $500 or less upon enrolment; installment payments for remainder of course | | | |
| **pAYMENT mETHOD** | | | | | | | | | |
| Direct Deposit | | | | | | | | Credit Card Mastercard Visa | |
| Account Name: MW Training Consultants | | | | | | | | Card Number: | |
| Bank: National Australia Bank | | | | | | | | Expiry Date: | CVV: |
| BSB: 084-209 | | Account Number: 54-567-1373 | | | | | | Cardholders Name: | |
| Reference: **Please put your full name as the reference** (this is a MUST so we can identify 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** | | | | | | | | | |
| 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    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 applicant: | | | | | | | | Date: | |
| To lodge your completed enrolment form | | | | | | | | | |
| **Post to:**  MW Training Consultants  PO BOX 71  Scarborough QLD 4020 | | | | | | | | **Email to:** [admin@mwtrain.com.au](mailto:admin@mwtrain.com.au) | |

**Unique Student Identifier –**

**Below is information regarding the Unique Student Identifier (USI)**

[http://www.usi.gov.au/help-centre/student-help/Pages/information-needed-to-apply-for-a-USI.aspx#](http://www.usi.gov.au/help-centre/student-help/Pages/information-needed-to-apply-for-a-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 you need? | The future  …………………………………………………………………..………………………………………..  …………………………………………………………….………………………………………………  …………………………………………………………………..………………………………………..  …………………………………………………………….………………………………………………  …………………………………………………………………..………………………………………..  …………………………………………………………….……………………………………………… |
| **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**

**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:………………………………………………………….