



3-13 Hudson Circuit Meadow Heights 3048 Phone: 9301 9200 Website: https://mhec.vic.edu.au E-Mail: admin@mhec.vic.edu.au	Course Title:		Student Number	
	Course Code:	Day/Days: Mon Tue Wed Thu Fri		Term: 1 2 3 4
	Teacher:	Time: From – to		Folder: Yes - No

2024 ENROLMENT DETAILS

(Only Available to Victorian Residents)

PLEASE PRINT YOUR NAME CLEARLY IN THE SPACE PROVIDED

(Please tick one) Title: Mr Mrs Ms Miss	Gender: (Please tick one)		Date of Birth
	Male	Female (Indeterminate/Intersex/Unspecified)	

Family Name:	First Name:	Middle Name
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Home Address:	House/ Unit No:	Street/Road/Court Name:
Suburb:		Post Code: VIC

Postal Address: Same as Home Address	House/ Unit No:	Street/Road/Court Name:
Suburb:		Post Code: VIC

Home Tel. No:	Mobile Tel. No:	Work Tel. No:
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Email Address:

Emergency Contact Tel. No:	Contact Name:	Relationship:
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Have you been referred by a Workforce Australia Provider? Yes No	Do You have a Job Seeker Referral Form? Yes No
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Workforce Australia Provider :	Workforce Australia Contact Name:	Workforce Australia Contact Tel. No.
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In which country were you born? Australia Other (please specify)

Do you speak a language other than English at Home No Yes (please specify)

How well do you speak English? Very Well Well Not Well Not At All
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Are you of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Do you hold a CURRENT Concession Card? YES NO	Concession Card Number	Expiry Date	Type/Code	Signed? Yes No
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Do you require our Occasional Care Services? Yes No	Number of children needing Occasional Care	Is your child or children under 3years of age? Yes No
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(Children aged 6 months to 5 years old only, places subject to availability)

Do you give MHEC permission to take your photograph while in class? Yes No	If "YES" does MHEC have permission to publish photos of you in its brochures, website/Facebook or in the media? Brochures Website Facebook Media
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How did you hear about MHEC and its courses?							
Newspaper	Past Student	School	Brochure	Clubhouse	Staff Member	Friend	Website
Facebook	Hume Council	Library	Twitter	Centrelink	Telephone	Referral	Other
If "other" please specify							

Office use only				
Invoice Number	Concession price	Funded Price	Full Fee	JSA
	\$	\$	\$	\$

Please Note:

If a student commences a 12 month course in Foundation Skills after July 1st of any current year, only half of the allocated fee will be charged.



<p>Tick 1 box that best describes your current employment status?</p> <p>(01) Full Time Employee (02) Part Time Employee (03) Self-employed - not employing others (04) Self-employed - employing others (05) Employed - unpaid worker in a family business (06) Unemployed – Seeking Full Time Work (07) Unemployed – Seeking Part-Time work (08) Not employed – Not Seeking employment</p>	<p>Tick 1 box that best describes: Why you would like to enrol in this course?</p> <p>To get a job - 01 To develop my existing business - 02 To start my own business - 03 To try for a different career - 04 To get a better job or promotion – 05 It was a requirement of my job – 06 I wanted extra skills for my job – 07 To get into another program of study – 08 For Personal interest or self-development – 12 Other reasons – 11 To get skills for community/voluntary work - 13</p>																
<p>Do you consider yourself to have a disability, impairment or long-term condition? No</p> <p><i>If yes please Tick the relevant boxes below</i></p> <table style="width: 100%;"> <tr> <td style="width: 30%;">(11) Hearing / Deaf</td> <td rowspan="9" style="width: 20%; vertical-align: top; padding-left: 10px;">Please state any special needs requiring support while in class:</td> </tr> <tr><td>(12) Physical</td></tr> <tr><td>(13) Intellectual</td></tr> <tr><td>(14) Learning</td></tr> <tr><td>(15) Mental Health Condition</td></tr> <tr><td>(16) Acquired Brain Impairment</td></tr> <tr><td>(17) Vision</td></tr> <tr><td>(18) Medical Condition</td></tr> <tr><td>(19) Other</td></tr> </table>	(11) Hearing / Deaf	Please state any special needs requiring support while in class:	(12) Physical	(13) Intellectual	(14) Learning	(15) Mental Health Condition	(16) Acquired Brain Impairment	(17) Vision	(18) Medical Condition	(19) Other	<p><i>Select the classification that BEST describes your current or recent occupation</i></p> <p><i>Select the classification that BEST describes the Industry of your current or previous Employer</i></p>						
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(18) Medical Condition																	
(19) Other																	
<p>Have you successfully completed any of the following qualifications? No</p> <p><i>If yes, Please Tick: "A" for Australian, "E" for Australian Equivalent "I" for International</i></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">(008) A E I Bachelor Degree or Higher Degree</td> <td style="width: 40%;">Completed Year 12</td> </tr> <tr> <td>(410) A E I Advanced Diploma or Associate Degree</td> <td>Completed Year 11</td> </tr> <tr> <td>(420) A E I Diploma or Associate Diploma</td> <td>Completed Year 10</td> </tr> <tr> <td>(511) A E I Certificate IV or Advanced Certificate/Technician</td> <td>Completed Year 9 or Equivalent</td> </tr> <tr> <td>(514) A E I Certificate III or Trade Certificate</td> <td>Completed Year 8 or lower</td> </tr> <tr> <td>(521) A E I Certificate II</td> <td>Never Attended School</td> </tr> <tr> <td>(524) A E I Certificate I</td> <td></td> </tr> <tr> <td>(990) A E I Certificates other than the above</td> <td></td> </tr> </table>		(008) A E I Bachelor Degree or Higher Degree	Completed Year 12	(410) A E I Advanced Diploma or Associate Degree	Completed Year 11	(420) A E I Diploma or Associate Diploma	Completed Year 10	(511) A E I Certificate IV or Advanced Certificate/Technician	Completed Year 9 or Equivalent	(514) A E I Certificate III or Trade Certificate	Completed Year 8 or lower	(521) A E I Certificate II	Never Attended School	(524) A E I Certificate I		(990) A E I Certificates other than the above	
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<p>What is your highest Completed School Level? Please tick the relevant box.</p> <p>Completed Year 12 Completed Year 11 Completed Year 10 Completed Year 9 or Equivalent Completed Year 8 or lower Never Attended School</p> <p>Are you still Attending Secondary School? Yes No</p>																	

Please complete the supplementary document **(USI Search and Application Through RTO Form)** explaining the purpose of the USI and the privacy and information sharing rules relating to it. You are required to acknowledge the privacy and disclosure rules for USI as well as to formally request assistance if you need it in finding or applying for your USI.

I, the above mentioned, consent to Meadow Heights Education Centre applying for a USI and/or searching for my (USI) on my behalf.

Enter your USI

Do you have a Victorian Student Number YES NO If yes please complete VSN form.

E-Learning: Your course may contain an online component.

I agree to complete the online component of this course while residing in the state of Victoria YES NO

ATTACHMENT 1 - SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

Section A – evidence of citizenship/residency

To be completed by an authorised delegate of the training provider – **do not leave any section blank.**

I confirm that for:

(student's full name)

I have sighted ONE of the following:

Australian Birth Certificate (not Birth Extract)

New Zealand Birth Certificate

current Australian Passport

New Zealand Citizenship Certificate

current New Zealand Passport

a proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 – 2.17 of the Guidelines About Eligibility

Australian Citizenship Certificate

confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard

current green Medicare card

confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.

Australian Certificate of Registration by Descent

By either:

viewing an original; or

viewing a certified copy; or

verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Guidelines About Eligibility]; or

viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; or

relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or

verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

And I have retained ONE of the following:

a copy of the original or certified copy; OR

the certified copy; OR

evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR

declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility];

evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or

declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].



Section B – student declaration

To be completed by the student

Don't leave any question blank unless you are asked to skip a question or go to the declaration.

Please ask your training provider for help if you don't understand a question.

- Q1** Write the name of the course/s you're applying for
- Q2** Are you doing, or have you done any other Skills First training in 2024? Tick your response.
- No
- Yes write the course name(s) below. Include training you haven't started yet.
- Q3** Are you enrolled in a school, including government, non-government, independent, Catholic or home school?
- No
- Yes
- Q4** Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?
- No
- Yes

Student declaration – read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

Name:

Signature:

Date:



Section C – training provider declaration

To be completed by the training provider – **do not leave any sections blank**

Program(s) the student is seeking to enrol in (include program code and name):

Based on:

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the 'notes' section below;

I confirm the student is eligible for Skills First funding for the program/s listed above because they:

are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;

are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);

will not be:

commencing more than 2 Skills First AQF qualifications in the same year

commencing more than 2 Skills First Skills Sets in the same year

doing more than 2 Skills First programs at the same time; and

(if applicable) are enrolling in a Foundation Skills Program, and they:

do not currently hold a qualification at AQF level 5 (Diploma) or higher,

are not enrolled in the Commonwealth Government's 'Skills for Education and Employment' (SEE) program.

Authorised training provider declaration

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

Name:

Position:

Signature:

Date:

Notes

Record additional details or eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A



Privacy Statement

Under the *Data Provision Requirements 2012*, Meadow Heights Education Centre 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 **Meadow Heights Education Centre** for statistical, regulatory and research purposes. Meadow Heights Education Centre 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 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.

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*.

Collection of your data – Meadow Heights Education Centre is required to provide the Department with student and training activity data. This includes personal information collected in the Meadow Heights Education CENTRE enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

Meadow Heights Education Centre provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data - The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by Meadow Heights Education Centre; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data - As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory - The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006 (Vic)*. The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014 (Cth)* and the *Student Identifiers Regulation 2014 (Cth)*.

Survey participation - You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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). Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information - Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints - You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Meadow Heights Education Centre's Administration Officer in the first instance by phone or email.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

NOTES: Use this section to record additional, relevant eligibility information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B, or C.