

RTO Form 004 - Application for Enrolment Form

Please complete all details on this enrolment form. This will be used to enroll you in the qualification you are seeking. Some of the information contained herein will be keyed into a national database and used for **statistical and other reporting to State/Territory Training Authorities and the National Centre for Vocational Education Research (NCVER)**. Please ask your training representative for assistance to fill out this form if you require help.

Name of the Course/Qualification you are enrolling in

| | | | |
|-----------------------------|-------------------------------|---------------------------------|-------------------------------------|
| First Name: | | Last Name: | |
| Address: | | | |
| | | | PC: <input type="checkbox"/> |
| Phone: | H <input type="checkbox"/> | W <input type="checkbox"/> | M <input type="checkbox"/> |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of birth: <input type="text"/> |
| Email: <input type="text"/> | | | |

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|---|--|---|--|---------------------------------------|-----------------------------------|--------------------------------|---------------------------------------|-----------------------------------|--|---|--|--|---------------------------------|--|--|
| 1. 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 | | | | | | | | | | | | |
| 2. What is your country of birth? | <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify) | | | | | | | | | | | | | |
| 3. Are you an Australian citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No, I'm a Permanent Resident | <input type="checkbox"/> No, I'm on a Visa | | | | | | | | | | | | |
| 4. What is the language you speak mainly at home | <input type="checkbox"/> English | <input type="checkbox"/> Other (please specify) | | | | | | | | | | | | | |
| 5. How well do you speak English? | <input type="checkbox"/> Very well | | <input type="checkbox"/> Well | | | | | | | | | | | | |
| | <input type="checkbox"/> Not Well | | <input type="checkbox"/> Not at all | | | | | | | | | | | | |
| 6. Do you consider yourself to have a disability, impairment or long-term condition? | <input type="checkbox"/> Yes (Please specify below) | | <input type="checkbox"/> No | | | | | | | | | | | | |
| <p>If yes, please indicate the area/s or disability, impairment or long-term condition.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Hearing/Deaf</td> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Intellectual</td> <td><input type="checkbox"/> Learning</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> Acquired Brain Impairment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Vision</td> <td><input type="checkbox"/> Medical Condition</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Other | <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 | |
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| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition | | | | | | | | | | | | | | |

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| 7. Please list any specific learning needs which may impact on you undertaking this course: | |
| 8. What is your highest COMPLETED school level? | |
| <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or equivalent <input type="checkbox"/> Did not go to school |
| 9. In which YEAR did you complete that school level? | |
| 10. Are you still attending secondary school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Name of last school you attended | |
| 12. Have you completed any qualifications since leaving school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please indicate which best describes your Qualification/s. | |
| <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate) | <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Overseas or Miscellaneous Certificate |
| 13. Of the following categories, which BEST describes your current employment status? | |
| <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employer <input type="checkbox"/> Self employed (not employing others) | <input type="checkbox"/> Employed (unpaid worker in a family business) <input type="checkbox"/> Unemployed (seeking full-time work) <input type="checkbox"/> Unemployed (seeking part-time work) <input type="checkbox"/> Not employed (not seeking employment) |
| 14. Of the following categories, which BEST describes your main reason for undertaking this course / qualification? (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"/> Other reasons | <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 <input type="checkbox"/> For self-development |
| 15. Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer (CT)? | |
| <input type="checkbox"/> Yes (Please specify) <input type="checkbox"/> No | |
| <input type="checkbox"/> RPL is the acknowledgment of a person's current skills and knowledge acquired through previous training, work or life experience. Learners applying for RPL may need to purchase an RPL Handbook. | |
| <input type="checkbox"/> CT is granted to those students who have gained documented evidence of achievements in the relevant competency or qualification from a Registered Training Organisation. Learners applying for CT need to submit copies of transcripts in support of your application. | |

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Visit: www.mets.org.au

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| 16. Employer Business Name | |
| I acknowledge that I have disclosed all of my unique learning needs and I am aware that the information in this enrolment form may be provided to the State Training Authority and National Council Vocational Education Research for statistical purposes. | |
| Learners Signature | |
| Today's Date | |

CONSESSION/EXEMPTION DETAILS – APPLICABLE TO TRAINEESHIPS ONLY

Please tick appropriate box if applicable:

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| 1. The trainee is totally EXEMPTED from paying fees for the following listed reason | |
| <input type="checkbox"/> Aboriginal Torres Strait Islander | <input type="checkbox"/> Disability Support Pension (Exempt for one course per year, after which additional fees may apply for other courses) |
| 2. The above trainee was given a reduction in fees for following reason/s | |
| <input type="checkbox"/> Austudy <input type="checkbox"/> Age Pension <input type="checkbox"/> Carer Payment <input type="checkbox"/> Parenting Payment (single) <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Mature Age Allowance | <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Wife Pension <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Veterans Affairs Payment <input type="checkbox"/> Farm Help Income Support |
| Concession Card Number | |
| Fees have been invoiced for the amount of | \$ |
| 3. Other exemption (please specify) | |
| | |