

WORKSHOP ENROLMENT FORM

CPCCWHS1001 – Prepare to work safely in the construction industry (White Card)

Information collected is within the guidelines of the Privacy Principles contained in the Privacy Act 1988 and will be used solely for MTC/TTC activities.

<p>Do you have a Unique Student Identifier (USI)</p> <p>If yes, please provide the 10 digit alpha-numeric number:</p> <div style="text-align: center; margin: 10px 0;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> <p>If no or don't know, please refer to information attached in obtaining a USI number and then fill in above</p>	<p>USI Verification</p> <p>USI is valid <input type="checkbox"/></p> <p>First Name is matched <input type="checkbox"/></p> <p>Family Name is matched <input type="checkbox"/></p> <p>Date of Birth is matched <input type="checkbox"/></p>
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PERSONAL

TITLE: (Please tick ONE box only) MR MISS MRS MS OTHER _____

GENDER: (Please tick ONE box only): MALE FEMALE

FAMILY NAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ *Please see Terms and Conditions for minimum age

ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

E-MAIL: _____

POSTAL ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

PHONE: (HM) _____ (WK) _____ (MOB) _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE: _____ **MOBILE:** _____

Workshop Date: _____ **COURSE TITLE: CPCCWHS1001 Prepare to work wafely in the construction industry**

EMPLOYER: (if applicable) _____

CONTACT PERSON: _____

POSTAL ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

E-MAIL: _____ **PHONE NO.** _____

JSA: (if applicable) _____

CONTACT PERSON: _____

ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

E-MAIL: _____ **PHONE NO.** _____

Where did you hear about the course? Eg. Website, newspaper, employer _____

OFFICE USE ONLY	
Enrolment and Payment	
Invoice sent on / /	Invoice number
Payment Processed on / /	Payment amount \$..... Payment method..... Rec No Staff initials
STELA input on / /	Parchment issued on / / Parchment No
Transfer and Cancellation	
Transfer to course	Amount due to Candidate \$

1. In which country were you born?

AUSTRALIA	
OTHER – PLEASE SPECIFY	

2. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

NO, ENGLISH ONLY	Go To Question 4
YES, OTHER – PLEASE SPECIFY	

3. How well do you speak English?

VERY WELL	
WELL	
NOT WELL	
NOT AT ALL	

4. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes 'Yes'.)

NO	
YES, ABORIGINAL	
YES, TORRES STRAIT ISLANDER	

5. Do you consider yourself to have a disability, impairment or long-term condition?

YES	
NO	Go To Question 7

6. If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)

HEARING/DEAF	
PHYSICAL	
INTELLECTUAL	
LEARNING	
MENTAL ILLNESS	
ACQUIRED BRAIN IMPAIRMENT	
VISION	
MEDICAL CONDITION	
OTHER	

7. What is your highest COMPLETED school level? (Tick ONE box only)

YEAR 12 OR EQUIVALENT	
YEAR 11 OR EQUIVALENT	
YEAR 10 OR EQUIVALENT	
YEAR 9 OR EQUIVALENT	
YEAR 8 OR BELOW	
NEVER ATTENDED SCHOOL	

In which YEAR did you complete that school level?

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8. Are you still attending secondary school?

YES	
NO	

9. Have you SUCCESSFULLY completed any of the following qualifications?

YES	
NO	

If YES, then tick ANY applicable boxes.

BACHELOR DEGREE OR HIGHER DEGREE	
ADVANCED DIPLOMA OR ASSOCIATE DEGREE	
DIPLOMA (OR ASSOCIATE DIPLOMA)	
CERTIFICATE IV (OR ADVANCED CERTIFICATE/TECHNICIAN)	
CERTIFICATE III (OR TRADE CERTIFICATE)	
CERTIFICATE II	
CERTIFICATE I	
CERTIFICATES OTHER THAN ABOVE	

10. Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

FULL-TIME EMPLOYEE	
PART-TIME EMPLOYEE	
SELF-EMPLOYED – NOT EMPLOYING OTHERS	
EMPLOYER	
EMPLOYED – UNPAID WORKER IN A FAMILY BUSINESS	
UNEMPLOYED – SEEKING FULL-TIME WORK	
UNEMPLOYED – SEEKING PART-TIME WORK	
NOT EMPLOYED – NOT SEEKING EMPLOYMENT	

Your major reason for study? (Tick ONE box only)

GET A JOB	
TO DEVELOP MY EXISTING BUSINESS	
TO START MY OWN BUSINESS	
TO TRY FOR A DIFFERENT CAREER	
TO GET A BETTER JOB OR PROMOTION	
IT WAS A REQUIREMENT OF MY JOB	
I WANTED EXTRA SKILLS FOR MY JOB	
TO GET INTO ANOTHER COURSE OF STUDY	
FOR PERSONAL INTEREST OR SELF-DEVELOPMENT	
OTHER REASONS	

PAYMENT DETAILS: (if applicable)

- Cash
- Cheque/Money Order (payable to MTC Training)
- Invoice. My Purchase Order No. is Our ABN Number is 67 085 330 726
- Direct Transfer. **BSB:** 085-005, **Account Name:** MTC Training, **Account Number:** 128476577, **Reference:** Your Surname/RTO WC (White Card Training) ie Smith/RTO/WC
- Credit card (please circle) Visa MasterCard

I consent to the charging of \$..... for my enrolment in training at MTC Training.

Card Number / / / / / / / / / / / / / / / Expiry Date /

Name on Card Signature or CVN

TERMS AND CONDITIONS

Payment

- Course fee payable at time of enrolment. Must be paid in full 7 days prior to course commencement.
- The course fee includes the cost of the White Card issued. Any replacement White Cards issued at a later date will cost \$20.

Cancellations

- Cancellations notified less than 5 full business days prior to course commencement date will incur a cancellation fee equal to 50% of the full course fee. Full refund for cancellations made with more than 5 full business days' notice.

General

- **No refunds will be issued for non-attendance. Candidates may transfer to a later course by negotiation.**
- MTC will contact the Candidate prior to processing if the preferred date is no longer available, with the intention of offering a place in a later course.
- MTC reserves the right to cancel any course that does not have the required enrolment numbers or in the event of exceptional circumstances. A full refund or alternative course will be offered in these circumstances.
- MTC Training is an approved CITB training provider, and we follow their recommendation of only issuing White Cards to individuals 15 years of age and over

The Department of Further Education, Employment, Science and Technology collect the required information on this form for use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

Applicant Declaration:

I declare that the information I have provided is, to the best of my knowledge, true and accurate.

I declare I accept the abovementioned terms and conditions.

Candidate Signature Date: / / 20....

If candidate is a minor

Parent/Guardian Name Signature.....

Please forward this form with completed payment details to:
MTC Training, PO Box 545, NOARLUNGA CENTRE SA 5164, Fax: (08) 8186 9799,
Email: alycia.hepburn@marcellin.catholic.edu.au