

STUDENT ENROLMENT FORM

VET in Schools



To enrol in the training listed below, please complete and return this form to your VET Coordinator.

Please visit www.mpasa.com.au for full information on undertaking our VET in Schools Programs.

QUALIFICATION:	CPC10111 Certificate I in Construction	<i>(please refer to Training Plan for units of competency)</i>
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UNIQUE STUDENT IDENTIFIER (USI)

Please print clearly

□	□	□	□	□	□	□	□	□	□
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Verified on MPA Register (office use only)

SACE ID

□	□	□	□	□	□	□	□
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School students only

<i>(Office use only)</i> MPA Student ID: _____
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PERSONAL INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other			GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
STUDENT NAME <i>*Please write the name you used when applying for your USI.</i>	Surname			First Name:		
	Middle Name:			Preferred Name (if different from first name):		
DATE OF BIRTH/...../..... (dd / mm / yyyy)					
PHONE	Home:		Mobile:		Work:	
	Street or Lot Number:		Street Name:			
RESIDENTIAL ADDRESS	Suburb:		State:		Post Code:	
	Postal Address:					
POSTAL ADDRESS <i>Please leave blank if same as residential</i>	Suburb:		State:		Post Code:	
	EMAIL ADDRESS				Alternative Email (optional):	
SCHOOL						
DRIVER'S LICENCE	Do you hold either of the following licences? <i>Please tick if yes:</i> <input type="checkbox"/> Learners's (L's) <input type="checkbox"/> Provisional (P's) _____					
EMERGENCY CONTACT	Name:			Relationship to student:		
	Address (if different from above):					
	Phone:			Mobile:		

STUDENT BACKGROUND	<ul style="list-style-type: none"> • 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? <i>(if you speak more than one language, indicate the one spoken most often)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes - other <i>If yes, please specify</i> _____ <p><i>If you answered yes, please specify how well you speak English:</i></p> <p> <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all </p> <ul style="list-style-type: none"> • Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, please tick both boxes)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
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STUDENT BACKGROUND	<p>• Do you have a Medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(if 'yes', please specify condition and any treatment requirements)</i></p> <hr/> <hr/>
	<p>• Do you consider yourself to have a disability, impairment or long term condition which may affect your studies? <i>If yes, please indicate below (you may select more than one):</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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"/> Vision</p> <p><input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Medical condition <input type="checkbox"/> Other <i>(please specify)</i></p> <hr/> <hr/> <p><i>Please refer to the Disability Supplement information on the last page of this form for information.</i></p>
STUDENT SUPPORT	<p>• Are you currently receiving any additional support services for your school studies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify your support arrangements below</i></p> <hr/> <hr/>
	<p>• Do you believe you will require additional support services for the completion of this training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, please specify the assistance you believe you will require:</i></p> <hr/> <hr/>
SCHOOLING AND EDUCATION	<p>• What is your highest <u>COMPLETED</u> school level? (Not your current school level)</p> <p><input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended School</p>
	<p>• Are you still enrolled in secondary or senior secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Have you successfully completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please indicate below:</i></p> <p><input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma / Assoc Degree</p> <p><input type="checkbox"/> Cert IV or Advanced Cert <input type="checkbox"/> Cert III / Trade Certificate <input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate I <input type="checkbox"/> Other Education (not listed above)</p>
EMPLOYMENT	<p>• Of the following categories, which best describes your current employment status?</p> <p><input type="checkbox"/> Full time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self Employed <i>not employing others</i> <input type="checkbox"/> Self Employed <i>employing others</i></p> <p><input type="checkbox"/> Employed <i>unpaid worker in family business</i> <input type="checkbox"/> Unemployed <i>seeking full time work</i> <input type="checkbox"/> Unemployed <i>seeking part time work</i></p> <p><input type="checkbox"/> Not employed <i>not seeking employment</i></p>

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	<p>• <i>Of the following categories, which best describes your main reason for undertaking this training?</i></p> <table border="0"><tr><td><input type="checkbox"/> To get a job</td><td><input type="checkbox"/> To develop my existing business</td></tr><tr><td><input type="checkbox"/> To start my own Business</td><td><input type="checkbox"/> To try for a different career</td></tr><tr><td><input type="checkbox"/> To get a better job or promotion</td><td><input type="checkbox"/> It was a requirement of my job</td></tr><tr><td><input type="checkbox"/> I wanted extra skills for my job</td><td><input type="checkbox"/> To get into another course of study</td></tr><tr><td><input type="checkbox"/> For personal interest or self-development</td><td><input type="checkbox"/> To get skills for community/voluntary work</td></tr><tr><td><input type="checkbox"/> Other reasons</td><td></td></tr></table>	<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"/> 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 or self-development	<input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> Other reasons	
<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"/> 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 or self-development	<input type="checkbox"/> To get skills for community/voluntary work												
<input type="checkbox"/> Other reasons													

STUDENT DECLARATION

Please complete the following in order to confirm your enrolment in this training program / Qualification

Iconfirm that I wish to enrol into the above Training Program. I also declare that the information I have provided to the best of my knowledge is true and correct.

I have read and understood the pre-enrolment information provided to me by Master Plumbers Association of SA Inc, including the Student Handbook and Induction. I agree to the terms and conditions specified in this Handbook, including the minimum attendance rate of 80%.

I provide Master Plumbers Association of SA Inc permission to search for my Unique Student Identifier on the registry in the event in which I have forgotten or misplaced this information.

I understand that my RTO, Master Plumbers Association of SA Inc is required to submit data sourced from this enrolment form to the National VET administration collection as a regulatory reporting requirement (Please see below).

Student Signature **Date:**

Parent/Guardian Signature **Date:**

Office use only: Entered in STELA STELA ID :.....

Privacy Notice

Under the *Data Provision Requirements 2012*, Master Plumbers Association of South Australia Incorporated 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), may be used or disclosed by Master Plumbers Association of South Australia Incorporated for statistical, administrative, regulatory and research purposes. Master Plumbers Association of South Australia Incorporated may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

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Disability supplement

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.