

# Mansfield Adult Continuing Education Enrolment Form

Registered Training Organisation #3928 ABN: 25306780833

Ph 5775 2077

Fax 5775 2836

P.O Box 295 Mansfield 3724

This information is required by MACE and funding bodies for statistical collection and remains confidential.

<b>COURSE INFORMATION</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>Course Name</b></td> <td style="width:45%;"></td> <td style="width:15%;"><b>Course Code</b></td> <td style="width:25%;"></td> </tr> <tr> <td><b>Fee</b></td> <td>\$</td> <td><b>Concession</b></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td><b>VSN</b></td> <td></td> </tr> </table> <p>If this is an accredited course, do you agree to be assessed?      Yes <input type="checkbox"/>      No <input type="checkbox"/>          I am aware of the MACE Refund Policy.      Yes <input type="checkbox"/>          I am aware of the MACE Privacy Policy and that this enrolment information can be used for State Funding statistical purposes.      Yes <input type="checkbox"/></p> <p>*** A copy of the Privacy Policy can be obtained from Reception or at <a href="http://www.mace.vic.edu.au">www.mace.vic.edu.au</a></p>	<b>Course Name</b>		<b>Course Code</b>		<b>Fee</b>	\$	<b>Concession</b>	\$			<b>VSN</b>																																					
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<b>FEE CONCESSION (THIS CONCESSION APPLIES TO FUNDED COURSES ONLY)</b>	<p><b>Do you hold one of the following concession cards? If yes, please tick.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Family Allow' Supplement</td> <td><input type="checkbox"/></td> <td>Youth Allowance</td> <td><input type="checkbox"/></td> <td>Widow Allowance</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Parenting Payment Single</td> <td><input type="checkbox"/></td> <td>Age</td> <td><input type="checkbox"/></td> <td>Wife Pension</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mature Age Allowance</td> <td><input type="checkbox"/></td> <td>Carer's</td> <td><input type="checkbox"/></td> <td>Sickness Allowance</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Newstart Allowance</td> <td><input type="checkbox"/></td> <td>Disability Support</td> <td><input type="checkbox"/></td> <td>Low Income</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Newstart mature Age</td> <td><input type="checkbox"/></td> <td>Partner Allowance</td> <td><input type="checkbox"/></td> <td>Special Benefit</td> </tr> </table> <p><b>Card Number:</b> ..... <b>Expiry:</b> ..... <b>Sighted By:</b> .....</p>	<input type="checkbox"/>	Family Allow' Supplement	<input type="checkbox"/>	Youth Allowance	<input type="checkbox"/>	Widow Allowance	<input type="checkbox"/>	Parenting Payment Single	<input type="checkbox"/>	Age	<input type="checkbox"/>	Wife Pension	<input type="checkbox"/>	Mature Age Allowance	<input type="checkbox"/>	Carer's	<input type="checkbox"/>	Sickness Allowance	<input type="checkbox"/>	Newstart Allowance	<input type="checkbox"/>	Disability Support	<input type="checkbox"/>	Low Income	<input type="checkbox"/>	Newstart mature Age	<input type="checkbox"/>	Partner Allowance	<input type="checkbox"/>	Special Benefit																		
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<b>LANGUAGE AND CULTURAL DIVERSITY</b>	<p><b>Were you born in Australia? (please circle)</b>          Yes      No      <b>If No, please specify:</b> .....</p> <p><b>Do you speak a language other than English at home? (please circle)</b>          No (only English)      Yes (other) – please indicate.....</p> <p><b>How well do you speak English? (please circle)</b>          Very Well (01)      Well (02)      Not Well (03)      Not at All (04)</p> <p><b>Are you of Aboriginal or Torres Strait Islander origin? Please circle appropriate answer.</b>          Aboriginal (01)      Torres Strait Islander(02)      Both(03)      Neither(04)</p>																																																
<b>DISABILITY</b>	<p><b>Do you consider yourself to have a disability, impairment or long-term condition?( circle)</b>  <b>No      Yes      If yes, please tick below:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Hearing/Deaf</td> <td><input type="checkbox"/></td> <td>Mental Illness</td> <td><input type="checkbox"/></td> <td>Acquired Brain Injury</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Physical</td> <td><input type="checkbox"/></td> <td>Vision</td> <td><input type="checkbox"/></td> <td>Intellectual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Learning</td> <td><input type="checkbox"/></td> <td>Medical Condition</td> <td><input type="checkbox"/></td> <td>Unspecified</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> <td colspan="4"></td> </tr> </table>	<input type="checkbox"/>	Hearing/Deaf	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Unspecified	<input type="checkbox"/>	Other																												
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<b>SCHOOLING</b>	<p style="text-align: right;"><i>Turn to page 2</i></p> <p><b>Are you still attending secondary school? (please circle)</b>      Yes      No  <b>Schooling level completed? (please circle)</b></p>																																																

	Year 12    Year 11    Year 10    Year 9    Year 8 or below    Did not go to school <b>In which year did you complete that schooling level? _____</b>																				
<b>PREVIOUS QUALIFICATION ACHIEVED</b>	<p><b>Do you have a previous qualification? (please circle)      Yes      No</b>  <b>Please tick any qualifications below that you have SUCCESSFULLY completed.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> Bachelor Degree or Higher Education</td> <td style="width:50%;"><input type="checkbox"/> Certificate III or Trade Certificate</td> </tr> <tr> <td><input type="checkbox"/> Advanced Diploma or Associate Degree</td> <td><input type="checkbox"/> Certificate II</td> </tr> <tr> <td><input type="checkbox"/> Diploma</td> <td><input type="checkbox"/> Certificate I</td> </tr> <tr> <td><input type="checkbox"/> Certificate IV</td> <td><input type="checkbox"/> Certificate other than above</td> </tr> </table>	<input type="checkbox"/> Bachelor Degree or Higher Education	<input type="checkbox"/> Certificate III or Trade Certificate	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate other than above												
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<b>PAYMENT DETAILS</b>	<p><b>I am paying by:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Cash</b></td> <td style="width:50%;"><b>Cheque payable to MACE</b></td> </tr> <tr> <td><b>Credit Card</b></td> <td><b>Bankcard</b></td> </tr> <tr> <td><b>Visa</b></td> <td><b>Mastercard</b></td> </tr> <tr> <td colspan="2"><b>Name on Card:</b> _____</td> </tr> <tr> <td colspan="2"><b>Card Number:</b> _____</td> </tr> <tr> <td colspan="2"><b>Expiry Date:</b> ____ / ____</td> </tr> </table> <p><b>Signature of Cardholder:</b> _____</p>	<b>Cash</b>	<b>Cheque payable to MACE</b>	<b>Credit Card</b>	<b>Bankcard</b>	<b>Visa</b>	<b>Mastercard</b>	<b>Name on Card:</b> _____		<b>Card Number:</b> _____		<b>Expiry Date:</b> ____ / ____									
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<b>SIGNATURE</b>	<p><b>Signature</b> _____ <b>Date</b> _____</p> <p><b>Please Note: Enrolment is not complete until fees are paid. Unless enrolment is complete and fees are paid you will not be eligible for accreditation.</b></p>																				
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