



2022 ENROLMENT FORM ACFE

Course or Activity Name:	
Course Code:	
Start Date:	
Total Course Fees:	\$

PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Date of Birth:	
Legal Given Names:		Legal Family Name:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified/Other	Email:	
Phone Mobile:		Phone Other:	

Residential Address: (No. & street)			
Suburb/Town:		State:	Postcode:
Postal Address: (if different to above)			
Suburb/Town:		State:	Postcode:

EMERGENCY CONTACT DETAILS

Contact Name:		Relationship to you:	
Phone Mobile:		Phone Other:	

SCHOOLING

Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest COMPLETED school level? (Tick ONE box only)	
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or Equivalent <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Never attended school	
In which YEAR did you complete that school level? (e.g. 2007)	

EMPLOYMENT STATUS

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Employer	<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
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)	
<input type="checkbox"/> Clerical and Administrative Workers <input type="checkbox"/> Community and Personal Service Workers <input type="checkbox"/> Labourers <input type="checkbox"/> Machinery Operators and Drivers <input type="checkbox"/> Managers	<input type="checkbox"/> Other <input type="checkbox"/> Professionals <input type="checkbox"/> Sales Workers <input type="checkbox"/> Technicians and Trade Workers

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)
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<input type="checkbox"/> Accommodation and Feed Services	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Administrative and Support Services	<input type="checkbox"/> Mining
<input type="checkbox"/> Agriculture, Forestry and Fishing	<input type="checkbox"/> Other Services
<input type="checkbox"/> Arts and Recreation Services	<input type="checkbox"/> Professional, Scientific and Technical Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration and Safety
<input type="checkbox"/> Education and Training	<input type="checkbox"/> Rental, Hiring and Real Estate Services
<input type="checkbox"/> Electricity, Gas, Water and Waste Services	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Financial and Insurance Services	<input type="checkbox"/> Transport, Postal and Warehousing
<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Information Media and Telecommunications	

QUALIFICATIONS ACHIEVED	
Have you SUCCESSFULLY completed any of the following Qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please enter ONE of these Prior Education Achievement Recognition Identifiers at any applicable level?	
A – Australian E – Australian Equivalent I – International	
Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:	
A E I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV	A E I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Miscellaneous Education (please specify) _____

STUDY REASON	
Of the following categories, which BEST describes your main reason for undertaking this course/activity?	
<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"/> To get skills for Community/Voluntary work	<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 or study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons (please specify) _____

LANGUAGE AND CULTURAL DIVERSITY	
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?	<input type="checkbox"/> No – English Only <input type="checkbox"/> Yes, Other (please specify)
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
Are you Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

DISABILITY OR IMPAIRMENT	
Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please indicate the areas of the disability, impairment or long term condition:

- Hearing/Deaf
 Physical
 Intellectual
 Learning
 Mental Illness
 Acquired brain impairment
 Vision
 Medical Condition
 Other (please specify) _____

PAYMENT DETAILS

I am paying by
 Direct Deposit (Account Name: MACE Inc. BSB: 013-714 Account: 2189-01864)
 Cash
 Cheque (payable to MACE)
 Credit Card (complete details below)

Name on card _____ Signature _____

Card Number
 [][][][] - [][][][] - [][][][] - [][][][]
 Expiry [][] - [][]

*CVV Number [][][] *3 digit number on back of card

PRIVACY STATEMENT, VICTORIAN GUARANTEE ACKNOWLEDGEMENT & PAYMENT OF FEES ACCEPTANCE

I understand that:

MACE may be required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review. The Education and Training Reform Act 2006 *requires MACE* to collect and disclose my personal information for a number of purposes.

For more information in relation to how student information may be used or disclosed please contact our office on 03 5775 2077 or email reception@mace.vic.edu.au.

Participant Declaration:

- I acknowledge that I have read and understood these terms of enrolment; and
- I acknowledge and agree to the terms described in the Privacy Statement above; and
- I understand the MACE Privacy Policy and am aware I can access this policy on the website www.mace.vic.edu.au at any stage; and
- I accept all fees as stated on page one (1) of this enrolment form; and
- I am aware there is a Fees and Refunds Policy available and I can access this policy on the MACE website www.mace.vic.edu.au at any stage; and
- I understand I will not be provided with a Certificate of Participation until all fees attributed to this course have been paid.

Participant Signature: _____ Date: _____

*Parent Signature (if under 18): _____ Date: _____

*Note: Only required for candidates under 18 years of age.

MACE Student Number		MACE Invoice Number	
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