



P: 03 5775 2077 | F: 03 5775 2836
E: reception@mace.vic.edu.au
PO Box 295, Mansfield Vic 3724
Mansfield Adult Continuing Education

2022 ENROLMENT FORM

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:	

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:	
<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"/> Acquired brain impairment	
<input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify) _____	

PAYMENT DETAILS

I am paying by	<input type="checkbox"/> Direct Deposit (Account Name: MACE Inc. BSB: 013-714 Account: 2189-01864)		
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (payable to MACE)	<input type="checkbox"/> 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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