



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

## 2023 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](mailto: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](http://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](http://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.

<b>MACE Student Number</b>		<b>MACE Invoice Number</b>	
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