



2023 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)	In which YEAR did you complete that school level? (e.g. 2019)
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or Equiv. <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Never attended school	YEAR:
If aged 25 or under, what is your Victorian Student Number (VSN)?	VSN:

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"/> Employed - unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed - seeking full-time work
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed - seeking part-time work
<input type="checkbox"/> Employer	<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"/> Other
<input type="checkbox"/> Community and Personal Service Workers	<input type="checkbox"/> Professionals
<input type="checkbox"/> Labourers	<input type="checkbox"/> Sales Workers
<input type="checkbox"/> Machinery Operators and Drivers	<input type="checkbox"/> Technicians and Trade Workers
<input type="checkbox"/> Managers	

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)

- | | |
|---|--|
| <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? Yes 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 <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> | A <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV | <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"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course or study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons (please specify) _____ |
| <input type="checkbox"/> To get skills for Community/Voluntary work | |

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? Yes 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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