

APPLICATION FOR ENROLMENT

COURSE DETAILS

What course are you applying to enrol in?	Course Code:	
	Course Title:	
Funding Stream being accessed?	<input type="checkbox"/> VETiS (VET in schools) <input type="checkbox"/> C3G (Certificate 3 Guarantee) <input type="checkbox"/> HLS (Higher Level Skills) <input type="checkbox"/> SQW (Skilling Queenslanders for Work) <input type="checkbox"/> User Choice <input type="checkbox"/> JT (JobTrainer) <input type="checkbox"/> FFS (Fee for Service)	
What location?	Study Mode: (tick one only)	<input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Workplace <input type="checkbox"/> RPL
How did you find out about us?	<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> Job Services Provider <input type="checkbox"/> Flyer <input type="checkbox"/> Other	

PERSONAL DETAILS

Please ensure you accurately complete this section as incorrect details may affect enrolment.

Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Date of Birth	
<p>* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want MiHaven Training to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</p>					
First Name		Middle Name		Surname	
Preferred Name		Previous Name (e.g. Maiden Name)			
Email Address				Phone No.	
Residential Address				Postcode	
Postal Address (if the same as above, leave blank)				Postcode	
Is this the name that appears on your documents e.g. Birth Certificate or Drivers Licence? If No, a <i>Statutory Declaration Form</i> may need to be completed.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a Working with Children Blue Card?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current National Police Check?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a Yellow Card/ NDIS Workers Screening Check?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any reason that would deem you ineligible to apply for a Working with Children Blue Card, National Police Check and/or Yellow Card/NDIS Workers Screening check?					<input type="checkbox"/> Yes If yes, please provide details: <input type="checkbox"/> No

EMERGENCY CONTACT

First Name		Phone Number	
Last Name		Relationship	

CULTURAL IDENTITY

Indicate if you identify as any of the following:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither of these
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NATIONALITY

Country of Birth		Town/City of Birth	
Citizenship Status	<input type="checkbox"/> AU/NZ Citizen	<input type="checkbox"/> AU Permanent Resident	<input type="checkbox"/> Pathway to permanent residency
What is your Nationality?			

LANGUAGE

Is English the main language you speak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, what is your main language?	
How well do you speak English?	How well do you understand English?		How well do you read and write English?	
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well		<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well	

STUDY REASON IDENTIFIER (tick ONE box to identify your main reason for study)

<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> Other reasons:
<input type="checkbox"/> To start my own business	<input type="checkbox"/> I wanted extra skills for my job	
<input type="checkbox"/> To try for different career	<input type="checkbox"/> To get another course of study	

EMPLOYMENT STATUS

Employed (tick the most relevant box)		Unemployed (tick the most relevant box)	
<input type="checkbox"/> Full-time employee	Hours per week	<input type="checkbox"/> Unemployed - seeking full-time work	Not in the Labour Force
<input type="checkbox"/> Part-time employee		<input type="checkbox"/> Unemployed - seeking part-time work	
<input type="checkbox"/> Self-employed - not employing others			
<input type="checkbox"/> Employer			
<input type="checkbox"/> Employed - unpaid worker in a family business			
If employed, please complete employer details below.		If unemployed, how long have you been unemployed?	
Company Name		<input type="checkbox"/> Less than 1 year	
Supervisor Name		<input type="checkbox"/> 1 to 2 years	
Contact Number		<input type="checkbox"/> More than 2 years	

JOB ACTIVE DETAILS

Are you currently registered with a Job Active provider? If Yes, please fill out details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Active Name		Contact Name

EDUCATION

Are you still attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	LUI Number:	
If Yes, indicate year level / grade currently enrolled		If No, indicate the highest level and the year of completion		
<input type="checkbox"/> Yr. 12 or equivalent	<input type="checkbox"/> Yr. 12 or equivalent	Year:		
<input type="checkbox"/> Yr.11 or equivalent	<input type="checkbox"/> Yr.11 or equivalent	Year:		
<input type="checkbox"/> Yr. 10 or equivalent	<input type="checkbox"/> Yr. 10 or equivalent	Year:		
<input type="checkbox"/> Yr. 9 or equivalent	<input type="checkbox"/> Yr. 9 or equivalent	Year:		
<input type="checkbox"/> Yr. 8 or below	<input type="checkbox"/> Yr. 8 or below	Year:		
	<input type="checkbox"/> Never attended school			

PREVIOUS QUALIFICATION

Are you **CURRENTLY** enrolled in training (includes vocational education and training (VET) and higher education courses)? Yes No

If yes, what Qualification Title:

Have you **COMPLETED** any of the following qualifications? If Yes, please specify below: Yes No

Bachelor's degree or Higher Degree Advanced Diploma or Associate Degree Diploma
 Certificate IV Certificate III Certificate II Certificate I Miscellaneous Education
 Qualification Title:

Are you **enrolled in or previously completed** a qualification funded under the **JobTrainer Fund**? Yes No

Are you applying for Recognition of Prior Learning (RPL)? Yes No

Are you applying for a Credit Transfer? Yes No

SUPPORT NEEDS

Do you consider yourself to have a disability, impairment or long term condition? Yes No

If yes, please indicate: Hearing/ Deaf Physical Intellectual Learning Mental Illness Vision
 Brain injury / impairment Medical Condition Other, please specify:

Would you like to receive advice and/or support with services, equipment and facilities? Yes No

Do you have any access requirements you would like MiHaven Training to be aware of: Yes No

If yes, please indicate: Ambulant parking Downstairs training room Other, please specify:

UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, MiHaven Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

Do you have a USI? Yes Yes, but I have Forgotten No (we can apply for you- see below)

Unique Student Identifier (USI)

I authorise MiHaven Training to search and find an existing USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/providers/find-student-usi>

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Application for Unique Student Identifier (USI)

If you would like MiHaven Training to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>
 You may also be required to provide some additional information so that we can apply for a USI on your behalf.

I authorise MiHaven Training to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

In accordance with section 11 of the Student Identifiers Act 2014, MiHaven Training will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application, or the information is no longer needed for that purpose.
<https://www.usi.gov.au/documents/privacy-notice>

STUDENT DECLARATION (read & tick the boxes to confirm your agreement to each statement)

I AGREE that the information I have provided is true and correct.	<input type="checkbox"/>
I AGREE to pay the relevant course fees (where applicable). For information on fees, see the Schedule of Fees.	<input type="checkbox"/>
I UNDERSTAND that I can access a copy of the Student Handbook and course specific information from the MiHaven Training website or request a printed copy from MiHaven Training.	<input type="checkbox"/>
I AGREE that I have received a Training Schedule outlining class dates and times for the course I am enrolling in.	<input type="checkbox"/>
I AGREE to abide by the expectations and procedures, including the Student Code of Conduct and MiHaven Training Campus Housekeeping Instructions.	<input type="checkbox"/>
I UNDERSTAND that giving false or incomplete information may lead to the refusal of my application or cancellation of my enrolment.	<input type="checkbox"/>
I GIVE MiHaven Training permission to obtain official records from an educational institution that I do and/or have attended.	<input type="checkbox"/>
I AGREE for my academic progress and results to be shared with Government Departments, Schools, Employer or Job Network Providers (whichever applies) if required.	<input type="checkbox"/>
I AGREE for MiHaven Training to video and/or take photos for quality training purposes and/or marketing.	<input type="checkbox"/>
I UNDERSTAND that I must meet all relevant entry requirements associated with my chosen course, and/or funding arrangement, prior to my enrolment being accepted.	<input type="checkbox"/>
I AGREE that I have been provided with the relevant funding fact sheet.	<input type="checkbox"/>
I UNDERSTAND I will no longer be eligible for a government subsidised training place under the Certificate 3 Guarantee once I complete a Certificate III level vocational qualification.	<input type="checkbox"/>
I UNDERSTAND I will no longer be eligible for a government subsidised training place under the Higher-Level Skills program once I complete one Certificate IV level or higher qualification	<input type="checkbox"/>
I UNDERSTAND I will no longer be eligible for a government subsidised training place under the JobTrainer Fund once I complete one eligible qualification	<input type="checkbox"/>

PRIVACY STATEMENT & CONSENT (read & tick the box to confirm your agreement to this statement)

As a Registered Training Organisation (RTO) we are required to collect and record information about you, including your personal information. Your personal information is protected by the Privacy Act 1988 and 13 Australian Privacy Principles (APPs).

I **AUTHORISE** MiHaven Training RTO 40928 to collect and store my personal information to administer my application and enrolment, to monitor my academic progress and to provide services, including services delivered in partnership with relevant stakeholders and third parties beneficial to my participation, completion and gaining employment. This may include checking of my migration status (work and study entitlements) through VEVO for the purpose of confirming enrolment eligibility.

MiHaven Training will ensure that information collected from me is not excessive and is only used for the purpose for which it is collected.

Student Signature		Date	
Parent/Guardian Name (if under 18 years old)		Signature	

Office use: Application for Enrolment:	<input type="checkbox"/> Approved	Date:	Initials:	Checked all questions:	<input type="checkbox"/> Yes
	<input type="checkbox"/> Rejected				<input type="checkbox"/> No

PRIVACY NOTICE

Why we collect your personal information?

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

Please note if an individual does not provide their personal information to MiHaven Training, consequences could include not being able to enrol as a student of MiHaven training.

How we use your personal information?

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information?

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information?

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below. DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact MiHaven Training administration staff:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

<https://www.mihaven.com.au/information-forms-policies-procedures>

Disability supplement

Introduction: The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

11 — Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

12 — Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

13 — Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

14 — Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

15 — Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

16 — Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

17 — Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

18 — Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

19 — Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.