



F26 APPLICATION FOR ENROLMENT

Please complete this form and return to Central Melbourne Institute with any supporting documents required. Note: Enrolment will not be processed unless this form is completed fully. You must sign the declaration to indicate understanding and agreement of the enrolment conditions.

PLEASE COMPLETE ALL FIELDS

| | |
|---|---------------------------|
| Personal Details | |
| 1. Enter your full name * | |
| Family name (surname) _____ | |
| Given names _____ | |
| * 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 Central Melbourne Institute (CMI) 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. | |
| 2. Enter your birth date | |
| Day/month/year | _____ |
| 3. Gender (Tick ONE box only) | |
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| 4. Enter your contact details | |
| Home phone _____ | Mobile _____ |
| Email address _____ | |
| Alternative email address (optional) _____ | |
| 5. Emergency Contact Details | |
| Name _____ | Relationship to you _____ |
| Phone _____ | Email _____ |
| 6. What is the address of your usual residence? | |
| Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. | |
| Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site. | |
| Flat/unit details _____ | |
| Street or lot number (e.g. 205 or Lot 118) _____ | |
| Street name _____ | |
| Suburb, locality or town _____ | |
| State/territory _____ | Post Code: _____ |



7. What is your postal address (if different from above)?

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Post Code

Language and Cultural Diversity

8. In which country were you born?

Australia 1101

Other – please specify

9. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only 1201

Yes, other – please specify

10. How well do you speak English?

(please circle)

Very Well

Well

Not Well

Not At All

11. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Disability

12. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N

13. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

Hearing/deaf 11

Physical 12

Intellectual 13

Learning 14

Mental illness 15

Acquired brain impairment 16

Vision 17

Medical condition 18

Other 19



Schooling

14. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

- Year 12 or equivalent 12
- Year 11 or equivalent 11
- Year 10 or equivalent 10
- Year 9 or equivalent 09
- Year 8 or below 08
- Never attended school 02

15. Are you still enrolled in secondary or senior secondary education?

- Yes Y
- No N

Previous Qualifications Achieved

16. Have you SUCCESSFULLY completed any of the qualifications listed in question 17?

- Yes Y
- No N

17. If YES, tick ANY applicable boxes.

- Bachelor degree or higher degree 008
- Advanced diploma or associate degree 410
- Diploma (or associate diploma) 420
- Certificate IV (or advanced certificate/technician) 511
- Certificate III (or trade certificate) 514
- Certificate II 521
- Certificate I 524
- Other education (including certificates or overseas qualifications not listed above) 990



18. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- Full-time employee 01
- Part-time employee 02
- Self employed – not employing others 03
- Self employed – employing others 04
- Employed – unpaid worker in a family business 05
- Unemployed – seeking full-time work 06
- Unemployed – seeking part-time work 07
- Not employed – not seeking employment 08

Study Reason

19. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- To get a job 01
- To develop my existing business 02
- To start my own business 03
- To try for a different career 04
- To get a better job or promotion 05
- It was a requirement of my job 06
- I wanted extra skills for my job 07
- To get into another course of study 08
- For personal interest or self-development 12
- Other reasons 11

Unique Student Identifier (USI)

From 1 January 2015, we CMI 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 <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

20. Enter your Unique Student Identifier (USI) (if you already have one)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Unique Student Identifier (USI)

21. USI application through CMI (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like CMI 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 must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Central Melbourne Institute 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>>.

Town/City of Birth _____
(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for **one** of the forms of identity below (numbered 1 to 8).

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

1) Australian Driver's Licence

State: _____ Licence Number: _____

2) Medicare Card

Medicare card number _____

Individual reference number (next to your name on Medicare card): ____

Card colour: (select which applies)

Green Expiry date ____/____/____ (format MM/YYYY)
(month/year)

Yellow Blue Expiry date ____/____/____ (format DD/MM/YYYY)
(day/month/year)

3) Australian Birth Certificate

State/Territory _____

Details vary according to State/Territory (see note above)

4) Australian Passport

Passport number _____

5) Non-Australian Passport (with Australian Visa)

Passport number _____ Country of issue _____

6) Immicard

Immicard Number _____

7) Citizenship Certificate

Stock number _____ Acquisition date ____/____/____
(day/month/year)

8) Certificate of Registration by Descent

Acquisition date ____/____/____
(day/month/year)

In accordance with section 11 of the Student Identifiers Act 2014, CMI 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.

22. Do you require CMI to obtain Overseas Student Health Cover on your behalf?

(please circle)

Yes (please specify below)

No

Single ____

Family ____

23. Do you wish to apply for Recognition of Prior Learning (RPL)?

(If yes, Please complete the RPL application form from your chosen qualification, along with all supplementary evidence to support your application)

Yes

No

24. Do you wish to apply for Credit Transfer?

(If yes, Please complete Fo5_Credit transfer application form and provide supporting documents to support your application)

Yes

No

Agent Details

Agent Company

Agent Name

Course Fees

Please refer to Central Melbourne Institute's fees schedule (available at CMI's reception). Please also ensure you refer to the entry requirements of the course you are applying for. These requirements are detailed in the student information section of the prospectus and the CMI website www.cmi.vic.edu.au

Other Fees

Application Fee (non-refundable) A\$250

Airport Pickup A\$150
(Please tick if required)

Bank Transfer Fee A\$30

Home Stay Fee A\$ Depends on specific arrangement

Central Melbourne Institute Bank Details

Commonwealth Bank of Australia

Account Name: **Malvern Institute Pty Ltd**

BSB: **063 009**

Account Number: **1054 3762**

Swift Code: **CTBAA U2S**

Central Melbourne Institute Contact Details

Street Address:

City Campus: Level 6, 460 Bourke Street, Melbourne, Victoria, Australia, 3000

Malvern Campus: 1291-1293 Malvern Road, Malvern, Victoria, Australia, 3144

Postal Address: PO BOX 2524, Melbourne 3001

Email: admission@cmi.vic.edu.au

Phone: +61 8367 7700

Web: www.cmi.vic.edu.au

Please send **COMPLETED** Application for Enrolment Form along with supporting documents and applicable fees to the above postal address or email us on admission@cmi.vic.edu.au

Enrolment Conditions



In completing this enrolment form you are agreeing to a contract with Malvern Institute Pty Ltd that stipulates the following:

- Once the student commences the nominated course, Malvern Institute Pty Ltd will deliver the Training Program using competency based training principles and practices in accordance with the VET Quality Framework.
- The RTO and the student agree to work together to produce a unified approach in the student achieving the relevant qualification.
- The course fees payable to Malvern Institute Pty Ltd are for the provision of the following services:
 - Training and Assessment
 - Ongoing Administration Processes
 - Certification/Statement of Attainment
- Where a student has undertaken an assessment and it has been marked as ‘Not Yet Competent’ (NYC), student be allowed to re-sit the test/or have a re-assessment free of charge for two reattempts. If they are deemed ‘NYC’ for a third time they are to re-enrol into that unit/ subject. This will include re-training in the particular unit of competency.
- CMI reserves the right to accept or reject any application for enrolment at its discretion.
- CMI recommends you refer to P28 Refund Policy for refund queries.

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Central Melbourne Institute (CMI) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by CMI for statistical, regulatory and research purposes. CMI may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation

You may receive a NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement]

DATE



| Course Details | | |
|---|-----------|--------------------------|
| Course Code and Name | Duration | Select |
| LEADERSHIP AND MANAGEMENT COURSES | | |
| BSB42015 Certificate IV in Leadership and Management CRICOS course code 091875F | 52 Weeks | <input type="checkbox"/> |
| BSB61015 Advanced Diploma of Leadership and Management CRICOS course code 091877D | 78 Weeks | <input type="checkbox"/> |
| PROJECT MANAGEMENT COURSES | | |
| BSB41515 Certificate IV in Project Management Practice CRICOS course code 087136J | 26 Weeks | <input type="checkbox"/> |
| BSB51415 Diploma of Project Management CRICOS course code 087454F | 50 Weeks | <input type="checkbox"/> |
| MASSAGE COURSES | | |
| HLT42015 Certificate IV in Massage Therapy CRICOS course 091878C | 52 Weeks | <input type="checkbox"/> |
| HLT52015 Diploma of Remedial Massage CRICOS course code 091879B | 104 Weeks | <input type="checkbox"/> |
| PACKAGED MASSAGE COURSE | | |
| HLT42015 Certificate IV in Massage Therapy CRICOS course 091878C | 52 Weeks | <input type="checkbox"/> |
| HLT52015 Diploma of Remedial Massage CRICOS course code 091879B | 52 Weeks | <input type="checkbox"/> |
| FITNESS COURSES | | |
| SIS30315 Certificate III in Fitness CRICOS course code 091880J | 52 Weeks | <input type="checkbox"/> |
| SIS40215 Certificate IV in Fitness CRICOS course code 091881G | 78 Weeks | <input type="checkbox"/> |
| AUTOMOTIVE COURSES | | |
| AUR30616 Certificate III in Light Vehicle Mechanical Technology CRICOS course code 0102055 | 66 weeks | <input type="checkbox"/> |
| AUR40216 Certificate IV in Automotive Mechanical Diagnosis CRICOS course code 0102056 | 32 Weeks* | <input type="checkbox"/> |
| Preferred Intake Month (please specify) | | |

| Application Check List | | | |
|---|--------------------------|--------------------------------|--------------------------|
| Use this list to ensure you have all of the correct documentation to ensure a seamless application process. | | | |
| Passport copy | <input type="checkbox"/> | Completion of Secondary School | <input type="checkbox"/> |
| English language proficiency (as applicable) | <input type="checkbox"/> | Complete application form | <input type="checkbox"/> |

* Those undertaking the Certificate IV in Automotive Mechanical Diagnosis must have completed an automotive mechanical Certificate III qualification, or be able to demonstrate equivalent competency.