CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
Level 6 460 Bourke Street Melbourne 3000 Ph: 03 8637 7700 E-mail: info@cmi.vic.edu.au

APPLICATION FOR ENROLMENT

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

1. Personal Details (including full legal name)

Title (Mr, Mrs, Miss, Ms, Other):	
Gender (Tick ONE box only)	☐ Male ☐ Female ☐ Other
First name: (if Single Name only, enter here)	
Middle Name(s):	
Family Name (Surname):	
Preferred Name:	
Date of Birth:	_____ /_____ /_____
Citizenship Status:	☐ Australian ☐ New Zealand ☐ Permanent Resident ☐ Other (please provide details) ……

2. Your Contact Details

Mobile Number:
Work Number:
Email:
Preferred Contact Method (please tick): ☐ Mobile Phone ☐ Email ☐ Email ☐ Post

3. Your Emergency Contact

Name:
Relationship:
Mobile Number:
Email:

4. 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.

Building /Property name:	
Flat / Unit / Lot details:	
Street name 1	
Street name 2 (if required)	
Suburb / Locality / Town:	
State / Territory:	
Postcode:	

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

Building /Property name:	
Flat / Unit / Lot details:	
Street name 1	
Street name 2 (if required)	
Suburb / Locality / Town:	
State / Territory:	
Postcode:	

6. What is your permanent overseas address details

Building /Property name:	
Flat / Unit / Lot details:	
Street name 1	
Street name 2 (if required)	
Suburb / Locality / Town:	
State / Territory:	
Postcode:	
Country:	

7. Workplace Employer Details (if applicable)

Employer Trading name:	
Contact name:	
Contact number:	
Email:	
Address:	

8. Language and Cultural DiversityWorkplace Employer Details (if applicable)

Are you of Aboriginal/Torres Strait Islander origin?	☐ No ☐ Yes, Torres Strait Islander	☐ Yes, Aboriginal ☐ Yes, Aboriginal & T.S. Islander
In which country were you born?	☐ Australia	☐ Other ……
Do you speak a language other than English at home?	☐ No (English only)	☐ Yes ……
If you speak a language other than English at home, how well do you speak English?	☐ Very Well ☐ Not well	☐ Well ☐ Not at all

9. Unique Student Identifier (USI)

From 1 January 2015, an RTO 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 NCVER. 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.

Enter your USI | | | | | | | | | | |

If you want that RTO will create a USI on your behalf, then please complete a separate form: 'USI Consent Form.'

10. Education Details

Are you still enrolled in secondary or senior secondary education?	☐ No	☐ Yes
What is your highest **COMPLETED** school level? (Not inclusive of higher education) **Tick one box only**	☐ Completed Year 12 ☐ Completed Year 11 ☐ Completed Year 10	☐ Completed Yr. 9 or equivalent ☐ Completed Yr. 8 or lower ☐ Never attended school
In which year did you complete this school level? ……. (must be answered – even if education was completed overseas)		
If still attending school, name of school: ……		
Previous secondary school (if applicable): ……		

11. Employment Status

Which of the following categories **BEST** describes your current employment status:

☐ Full time employee
☐ Part time / Casual employee
☐ Employed – unpaid worker in a family business
☐ Seeking employment – please circle: seeking full time work / part time work
☐ Self-employed – not employing others
☐ Not employed – not seeking employment
☐ Employer

How many employees are at your current employer? ☐ Up to 20 employees ☐ Over 20 employees

Occupation

Which of the following classifications **BEST** describes your current (or recent) occupation?

Tick one box only, if you have never been employed, go to section 13.

☐ Managers
☐ Professionals
☐ Technicians & Trade Workers
☐ Community and Personal Service Workers
☐ Clerical & Administrative Workers
☐ Sales Workers
☐ Machine Operators & Drivers
☐ Labourers
☐ Other: ……

12. Industry of Employment

Which of the following classifications **BEST** describes the Industry of your current (or recent) Employer?

Tick one box only, if you have never been employed, go to the next section.

☐ A – Agriculture, Forestry and Fishing
☐ B – Mining
☐ C – Manufacturing
☐ D – Electricity, Gas, Water & Waste Services
☐ E – Construction
☐ F – Wholesale Trade
☐ G – Retail Trade
☐ H – Accommodation & Feed Services
☐ I – Transport, Postal & Warehousing
☐ J – Information Media & Telecommunications
☐ K – Financial & Insurance Services
☐ L – Rental, Hiring & Real Estate Services
☐ M – Professional, Scientific & Technical Services
☐ N – Administrative Support Services
☐ O – Public Administration and Safety
☐ P – Education & Training
☐ Q – Health Care & Social Assistance
☐ R – Arts and Recreation Services
☐ S – Other Services

13. Disability

Do you consider yourself to have a disability, impairment or long term condition? ☐ YES ☐ NO

If yes, please indicate the areas of disability, impairment or long term condition. You may indicate more than one.	☐ Hearing/deaf ☐ Intellectual ☐ Mental illness ☐ Vison ☐ Other (please specify) ……	☐ Physical ☐ Acquired brain impairment ☐ Learning ☐ Medical condition

14. Previous Qualifications/Education

Have you successfully **COMPLETED** any of the following qualifications? ☐ Yes ☐ No

If yes, please tick **ONE** applicable box relating to your prior education at **ANY** applicable Level as follows:

A = Australian Qualification

E = Australian Equivalent*

I = International

A E I	A E I
☐ Bachelor Degree or Higher Degree	☐ Certificate III or Trade Certificate
☐ Advanced Diploma or Associate Degree	☐ Certificate II
☐ Diploma or Associate Diploma	☐ Certificate I
☐ Certificate IV or Advanced Cert/Technician	☐ Other (please specify) ……

If multiple of one type, use above priority order (A), (E) and then (I).

*To determine 'Australian Equivalent' qualifications, please refer to the Overseas Qualifications Unit (OQU).

15. Study Reason

Of the following reasons, which **BEST** describes your main reason for undertaking this course / traineeship / apprenticeship?

Tick one box only

☐ To get a job	☐ It was a requirement of my job
☐ To develop my existing business	☐ I wanted extra skills for my job
☐ To start my own business	☐ To get into another course of study
☐ To try for a different career	☐ For personal interest or self-development
☐ To get a better job or promotion	☐ To get skills for community/voluntary work
	☐ Other Reasons

16. Student Contact

How did you find out about the course you are enrolling in?

Tick one box only

☐ Job Services	☐ Word of mouth
☐ Staff Member	☐ Social Media (e.g. Facebook)
☐ Current/Past Student	☐ Apprentice Centre
☐ Flyer	☐ Newspapers
☐ Website	☐ Workplace
☐ Radio advertising	☐ Other (please specify)

17. Education Agent

An education agent can give you information about course options and help you submit an international application to Central Melbourne Institute.

Did you choose any Education Agency, if Yes please provide details:

Agent Company ……

Contact Name ……

Contact Number …….. **Email** ……

18. Media Consent

CMI staff may request to take photographs/videos or verbal/written interviews/testimonials of students or at places where the student is involved in an activity. These creations may be used in a classroom, or at on-the-job work activities or could be published by CMI in print, digital or broadcast media such as documents, the student magazine, website, television, YouTube, social media platforms, newsletters, displays, journals, professional development materials for trainers and marketing collateral. Staff may also at times request that students provide any of the above of the students' own creation for the same purposes.

☐ I consent to the use of my photos / videos / testimonials / interviews to be used in CMI's promotional materials prepared for marketing purposes in Australia and overseas.

☐ I do NOT consent to the use of my photos/videos/testimonials/interviews to be used in CMI's promotional materials prepared for marketing purposes in Australia and overseas.

If you do not choose an option, you are giving consent by default.

19. Student Handbook

The student handbook outlines the following:	Student fee information Refund Policy Code of conduct	Complaints procedure Appeals procedure Assessment guidelines	Student welfare and support services Recognition of prior learning

I declare that I have read and understood RTO student handbook and their policies & procedures regarding the above.

Signature: _____ Date: _____

The Student Handbook can be found on our CMI website: www.cmi.vic.edu.au

20. Training product to be enrolled in (please select)

COURSE DETAILS				
COURSE NAME	**CRICOS Code**	**Course Code**	**Duration (weeks)**	**Select (please tick)**
GENERAL ENGLISH				
Pre-Intermediate (Level 3)	116432A	N/A	12	☐
Intermediate (Level 4)	116432A	N/A	12	☐
Upper-Intermediate (Level 5)	116432A	N/A	12	☐
AUTOMOTIVE COURSES – Training component of the courses will be delivered at CMI's Ultra Tune Workshop				
Certificate III in Light Vehicle Mechanical Technology	103633K	AUR30620	66	☐
Certificate IV in Automotive Mechanical Diagnosis	102056	AUR40216	32	☐
Diploma of Automotive Technology	113940E	AUR50216	26	☐
MASSAGE COURSES – Practical component of the courses will be delivered at CMI's massage clinic				
Certificate IV in Massage Therapy	113938K	HLT42021	52	☐
Diploma of Remedial Massage	113939J	HLT52021	104	☐
Package Course (Certificate IV & Diploma)			104	☐
MANAGEMENT COURSES				
Diploma of Project Management	104053M	BSB50820	50	☐
Diploma of Leadership & Management	104247A	BSB50420	52	☐
Advanced Diploma of Leadership &	105986B	BSB60420	60	☐
Graduate Diploma of Management (Learning)	113941D	BSB80120	52	☐

Preferred Intake Month / Date (please specify): ……

21. Pre-Training Checklist (please tick the relevant boxes)

☐ Pre-training form completed	☐ Entry Requirements discussed
☐ Language, Literacy, Numeracy and digital literacy (LLND) assessment completed by student and attached	☐ Credit Transfer discussed
☐ Delivery Mode discussed	☐ Location of the course discussed
☐ Recognition of prior learning(RPL) discussed	☐ Tuition fees, Concession and Exemption discussed
☐ Refund policy discussed	☐ Student questions answered
☐ I have read and understand the student handbook	☐ Please indicate any special needs, assistance you may require during the course (e.g. writing assistance) …… ……

Application Checklist

Use this list to ensure you have all the correct documentation to ensure an efficient application process.

- ☐ **Passport copy**
- ☐ **English Language Proficiency (if applicable)**
- ☐ **Copies of Qualifications**
- ☐ **Overseas Health Insurance**
- ☐ **Completion of Secondary School**
- ☐ **Visa and/or CoEs (if applicable)**
- ☐ **Completed Application Form**

22. Privacy Statement and Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, RTO 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), may be used or disclosed by RTO for statistical, administrative, regulatory and research purposes. RTO may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Consent/authority to release information and view documents

- Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.
- During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.
- You are required to give permission in writing for any of these discussions or viewing of evidence to occur.
- I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

Declaration of Information Accuracy

In signing or emailing this form I acknowledge and declare that;

- I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
- Arrangements have been made to pay all fees and charges applicable to this enrolment.
- I have read and understand the RTO Information for Learners Handbook
- I agree to be bound by the RTO's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
- I am 18 years of age or older, or have permission to access the internet from my parent(s) or guardian(s) if under 18.
- My participation in this course is subject to the right of RTO to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of RTO.
- I understand and have been provided with information by RTO in relation to Credit Transfer and Recognition of Prior Learning (RPL).
- I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at RTO.
- I have also visited RTO website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
- I authorise RTO or its agent, in the event of illness or accident during any RTO organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- My academic results will be withheld until my debit is fully paid and any property belonging to RTO has been returned.
- I acknowledge that from time to time RTO may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
- 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.

Signed (Student): ……	**Date:** ……

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.