

How to apply

1. Complete in BLOCK letters using a black or blue pen
2. When completing your application, please make sure you complete all relevant sections to avoid delays in your enrolment. Check the intake dates.
(NOTE: Timetables and course structure are subject to change at any time without notice.)
3. Please attach certified copies of any academic transcripts or certificates that demonstrate you meet the requirements for your selected course.

Submit your application and attachments by email at institute@megt.com.au or by mail to your closest MEGT Institute office
If you have enquiries or difficulties completing this form, please contact us on **Phone:** 1300 MEGT MEGT 1300 6348 6348

Section 1 – Personal information

Title (Mr, Mrs, Ms, Miss) _____ Gender Male Female

Surname _____ Former Surname (if applicable) _____

First Name _____ Middle Name _____

Date of Birth _____ / _____ / _____

Citizenship Australian Citizen Eligible Resident Overseas Resident

National Unique Student Identifier (USI)*

*ALL students enrolling in nationally accredited training must provide a USI (10 characters long). For more information on the USI, please refer to Section 9 of this enrolment form.

Please write your USI here (only 1 character per box):

--	--	--	--	--	--	--	--	--	--

If you do not have a USI apply for one at www.usi.gov.au and provide the number in the field above

Victorian Student Number

Please write your Victorian Student Number here, if known: (only 1 character per box):

--	--	--	--	--	--	--	--	--	--

I am under 25 and have not yet been allocated a Victorian Student Number Yes No

Contact Details

Phone numbers

Home _____ Work _____ Mobile _____

Email _____

Home address

Address _____ Suburb _____

State _____ Postcode _____

Postal address - if different from above

Address _____ Suburb _____

State _____ Postcode _____

Emergency contact details

Name _____

Relationship _____

Phone number _____ Mobile _____

Email _____ Preferred contact method Email Mobile Mail

Section 2 – Place of Birth

In which country were you born? Australia Other, please specify:

If born in Australia, please state the town or city you were born _____

If born Overseas, please state the town or city you were born _____

Section 3 – Employer name and contact details

Company name _____

Supervisor details

Name of supervisor _____

Phone number _____ Mobile _____

Email _____

Address _____ Suburb _____

State _____ Postcode _____

Postal address - if different from above

Address _____ Suburb _____

State _____ Postcode _____

Section 4 – Language and cultural diversity

Are you Australian 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

What is the main language you speak at home? English Other, please specify:

If other, how well do you speak English? Very Well Well Not Well Not at all

Section 5 – Education background and qualifications

Schooling

What is your highest COMPLETED school level? (tick one box only, If you completed in another country, select the Australian High School equivalent.)

- Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent
- Year 9 or equivalent Year 8 or equivalent Never attended school

In which year did you complete that school level? _____

Are you still attending secondary / high school / college? Yes No

Previous qualification/s achieved

Have you successfully completed any of the following qualifications? Yes No

If yes, then tick ALL applicable boxes:

- | | | |
|---|---|---|
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate III | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate other than the above | |

Please provide the specific name/s of the qualification you have successfully completed:

Name of Course/Qualification	Approximate year completed
------------------------------	----------------------------

Education History

The highest qualification I have completed is:

Name of Course/Qualification	Approximate year completed
------------------------------	----------------------------

Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

- 0 1 2 3 4

Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

- 0 1 2 3 4

In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

- 0 1 2 3 4

Please Note: This enrolment is under the Skills First Program. This enrolment will impact access to further government subsidised training under the VET Funding Contract and the Guidelines about Determining Eligibility and Supporting Evidence (2017 Standard VET Funding Contract – Schedule 1 clause 4.1)

Employment

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Employed (unpaid worker in a family business) | <input type="checkbox"/> Employer | <input type="checkbox"/> Full-time employee |
| <input type="checkbox"/> Not employed – not seeking employment | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed – not employing others |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Unemployed – seeking full-time work | <input type="checkbox"/> Other (please specify) |
-

Section 6 – Disability and special consideration

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

If yes, then please indicate the area of disability, impairment or long-term condition below. (You may indicate more than one area)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Hearing / Deaf | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Unspecified | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other (please specify) _____ | | |
-

While undertaking training, do you require assistance? Yes No

Section 7 – Course/Qualification enrolment

Code of course/qualification enrolling into _____	Date of enrolment _____ / _____ / _____
Title of course/qualification enrolling into _____	Timetable <input type="checkbox"/> Day <input type="checkbox"/> Evening

At which learning facility are you applying (tick one box only).

- | | | |
|---|--|---|
| <input type="checkbox"/> MEGT Institute – NSW/ACT | <input type="checkbox"/> MEGT Institute – Tasmania | <input type="checkbox"/> MEGT Institute – Victoria |
| <input type="checkbox"/> MEGT Institute – South Australia | <input type="checkbox"/> MEGT Institute – Queensland | <input type="checkbox"/> MEGT Institute – Western Australia |
| <input type="checkbox"/> MEGT Institute – Melbourne City Campus | <input type="checkbox"/> MEGT Institute – Sydney City Campus | |
| <input type="checkbox"/> Other (please specify) _____ | | |
-

Credit Transfer

Do you wish to apply for credit transfer (CT) for previous study?

If yes, please provide a certified copy of official results including detailed unit/subject descriptions

Yes No

Recognition of Prior Learning

Do you wish to apply for skills recognition (RPL) for previous study? Yes No

If yes, please provide a completed skills recognition application form available on www.megtinstitute.edu.au OR - I request an initial Skills Recognition interview

Study Reason

Of the follow categories, which BEST describes your main reason for undertaking this course? (*tick one box only*).

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

Referral Sources

How did you hear about this course/qualifications? (*tick one box only*).

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Employer | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Friend | <input type="checkbox"/> Expo / Education exhibition / Trade fair |
| <input type="checkbox"/> Other (please specify) | | |
-

Section 8 – Supporting documents

Student Identification, I am (*please tick*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> A Registered Job Seeker | <input type="checkbox"/> Asylum seeker / Victim of Human Trafficking |
| <input type="checkbox"/> Australian Permanent Resident (Holder of a permanent visa) | <input type="checkbox"/> Holder of Special Category Visa (sub-class 444) NZ | <input type="checkbox"/> Australian Indigenous Aboriginal or Torres Strait Islander |
| <input type="checkbox"/> Referred under the Single and Teenage parent initiative | <input type="checkbox"/> Referred under the Workers in Transition program | <input type="checkbox"/> Holder of a commonwealth Health Care, Pensioner, Veterans Gold Card |

For some courses/qualifications supporting documentation must be included.

NOTE: Do not include originals as they will not be returned. (Applications that are submitted without necessary supporting documents may be delayed in processing)

Required attachments (for all courses/qualifications)

- | | | |
|--|--|---|
| <input type="checkbox"/> Certified copies of academic transcripts (where a prerequisite for entry) | <input type="checkbox"/> Proof of identity with photo (e.g. divers license, passport etc.) | <input type="checkbox"/> Certified copies of certificate (if applying for credit transfer or recognition of prior learning) |
|--|--|---|

Section 9 – Unique Student Identified (USI)

From 1 January 2015 students in Nationally Recognised Training in Australia require a Unique Student Identifier (USI) and Training Providers are unable to issue a Certificate and/or Statement of Attainment without your USI on file.

The USI will link students to their training records which are held in the national training database. Students will be able to access their records online, download them and share them with future training organisations electronically. With the student's permission, training organisations will be able to see their students' entire training record from 2015.

If you do not have a USI or require further information, please visit the following website: www.usi.gov.au

Section 10 – Student Declaration

I, _____, in seeking to enrol in
(students name)

(Include full title of qualification/sin which you are seeking to enrol)

Declare the following to be true and accurate statements:

I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)

I AM / AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program. (circle appropriate response)

- I certify that the information supplied by me on all parts of this form is complete and true. I understand the implications of withdrawing in regard to course failure, liability for course fees/charges and re-admission.
- I understand that MEGT (Australia) Ltd, trading as MEGT Institute may refuse, vary, reverse or terminate my enrolment on the basis of untrue, misleading or incomplete information.
- I consent to MEGT Institute providing Australian Government and relevant State Government Departments with information concerning my enrolment, academic results and academic standing.
- I consent to my employer being provided a copy of my AQF certification documentation only relevant to my training at MEGT Institute.
- I acknowledge the declaration below relevant to the state where I am enrolling.
- I give permission to MEGT Institute to contact any of my previous education institutions to verify my certificate credentials.
- I give permission to MEGT Institute to keep my photo identification for ID card purposes and for identification purposes.
- I also understand and agree and consent that my personal information may be made available to any contractor(s) engaged by MEGT Institute or work placement hosts in connection to the provision of training and assessment services or registration and/or compliance.
- I understand that MEGT Institute, at its discretion, may share my personal information with my employer (if undertaking a government funded traineeship/apprenticeship) and/or to my parents/guardians (if I am under the age of 18).
I understand that MEGT Institute will not provide or disclose to any other outside parties my personal information without my consent. However, if required by law then the information will be released.
- The purpose and consequences of this course and the assessments have been explained to me.
- I understand the conditions under which assessments will be conducted.
- I have had the opportunity to discuss any special needs I may have.
- I understand that plagiarism is a form of cheating and if found to be plagiarising the following will occur: assessment activity will be cancelled, and no re-submission of assessment will be accepted. The assessment outcome of 'Not Yet Competent' will be recorded for that unit. The full unit will be re-commenced, and additional fees will be applied. Any further incidence of plagiarism or other unacceptable behaviour will result in cancellation of my enrolment.
- I understand I am responsible for keeping a copy of all submitted assessment work in the event that the original is lost or misplaced.
- I have read, understood and agree to the entry requirements for the course that I enrolled in and to the [Policies and Procedures](#) available on the website www.megtinstitute.edu.au
- I am aware of and have sighted the [MEGT \(Australia\) Ltd Privacy Policy](#), [MEGT Education Privacy Policy](#), [ABILITY/MEGT Institute Fees, Charges and Refund Policy](#) and the [MEGT \(Australia\) Ltd Code of Conduct and Policies and Procedures](#), available on the Institute website and agree to them, and
- I understand my right of appeal under the [Complaints and Appeals Policy and Procedures. \(LINK\)](#)

To contact MEGT (Australia) Ltd in regard to MEGT Institute's Privacy Policy, Procedure or Code of Practice, ring Privacy Officer, Russell Jones on phone 03 9871 5555 or email Russell_Jones@megt.com.au

VICTORIA DECLARATION

I understand that:

MEGT (Australia) Ltd, trading as MEGT Institute is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, 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, and 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 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 MEGT Institute to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact MEGT (Australia) Ltd, trading as MEGT Institute's Privacy Officer, Russell Jones on phone 03 9871 5555 or email Russell_Jones@megt.com.au . I acknowledge and agree to the terms described in this privacy statement:

Student Signature		Date	/ /
If the student is under 18 years of age, the student's parent or guardian must sign this enrolment form.			
Parent/Guardian Name		Relationship	
Parent/Guardian Signature		Date	/ /

Evidence of citizenship/residency and age - To be completed by an authorised delegate of the RTO

I confirm that in relation to *(students full name)* _____

I have **sighted** one of the following:

- | | |
|---|--|
| <input type="checkbox"/> An Australian Birth Certificate <i>(not birth extract)</i> | <input type="checkbox"/> A current Australian Passport |
| <input type="checkbox"/> A current New Zealand Passport | <input type="checkbox"/> A naturalisation certificate |
| <input type="checkbox"/> A current green Medicare Card | <input type="checkbox"/> A sighted declaration by a relevant referee |
| <input type="checkbox"/> Formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence | |

And if the students age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- | | |
|--|--|
| <input type="checkbox"/> A current drivers licence | <input type="checkbox"/> A current learners permit |
| <input type="checkbox"/> A proof of age card | <input type="checkbox"/> A 'Keypass' card |

Full Name		Position	
Signature		Date	/ /

Determination of Eligibility - To be completed by an authorised person

Number of courses this student is currently eligible for 1 2 this person is not eligible for any funded courses

RTO Declaration

Based on the above evidence I have sighted (and retained a copy of) from the Evidence of citizenship/residency and age section, and the information provided to me in the student declaration, I believe that the above individual satisfies the Skills First eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skills First for the following qualification/s:

(full code and title of qualification in which the student is seeking to enrol)

Full Name		Position	
Signature		Date	/ /
Notes	<p>Use this section to record additional, relevant eligibility information, including information used by the RTO to verify the individual's eligibility that is not captured in the below sections</p> <p>Evidence of citizenship/residency and age, Education history and Student Declaration.</p>		