

# MANDURAH SAFETY & TRAINING SERVICES – COURSE REGISTRATION FORM

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Course Name		Date
<b>PERSONAL DETAILS – exactly as they are written on the identity document you are providing</b>		
First Name	Middle Name	
Last Name		
Date of Birth e.g. DD/MM/YYYY	Gender <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER	
<b>ADDRESS/POSTAL ADDRESS DETAILS</b>		
Building/Property Name		Flat/Unit Number
Number/Lot Number & Street Name		
Suburb, Locality or Town		
State/Territory	Postcode	Country if not Australia
Do you require a Wallet Card? <input type="radio"/> No <input type="radio"/> Yes	Do you require a Hard Copy Certificate? <input type="radio"/> No <input type="radio"/> Yes <small>(An electronic Certificate will be automatically emailed to your email address provided)</small>	
If YES, please provide a correct postage address OR		<input type="checkbox"/> Check If Same as Above Address
<b>POSTAL ADDRESS</b>		
Building/Property Name		Flat/Unit Number
Number/Lot Number & Street Name		
Suburb, Locality or Town		
State/Territory	Postcode	Country if not Australia
<b>OTHER DETAILS</b>		
Phone Number	Email	
Unique Student Identifier No. – USI		
Employer		
<b>EMERGENCY CONTACT DETAILS</b>		
Emergency Contact Name		
Relationship to you		
Emergency Contact Number		
<b>LANGUAGE AND CULTURAL DIVERSITY</b>		<b>DISABILITY</b>
Country of Birth <input type="radio"/> Australia <input type="radio"/> Other If Other - Please Specify _____		Do you consider yourself to have a disability, impairment or long-term condition? <u>e.g. Hearing Aid and Wearing Glasses is not classed as a disability</u>
Do you speak a Language other than English at home? <input type="radio"/> No, English Only <input type="radio"/> Yes (please specify) _____		<b>Any Disabilities</b> <input type="radio"/> No <input type="radio"/> Yes  <b>IF NO – SKIP TO NEXT QUESTION</b>  If you indicated the presence of a Disability, Impairment or Long-Term condition, please select from Disabilities List:
Are you of Aboriginal or Torres Strait Islander origin?  <b>Origin</b> <input type="radio"/> No <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander		
		<b>Disabilities List</b> <input type="radio"/> Vision <input type="radio"/> Hearing/Deaf <input type="radio"/> Physical <input type="radio"/> Medical Condition <input type="radio"/> Learning <input type="radio"/> Intellectual <input type="radio"/> Mental Illness <input type="radio"/> Acquired Brain Impairment <input type="radio"/> Other

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SCHOOLING	PREVIOUS QUALIFICATIONS ACHIEVED		
<p>What is your highest COMPLETED school level?</p> <p> <input type="radio"/> Year 8 or equivalent  <input type="radio"/> Year 9 or equivalent  <input type="radio"/> Year 10 or equivalent  <input type="radio"/> Year 11 or equivalent  <input type="radio"/> Year 12 or equivalent  <input type="radio"/> Never attended school                 </p> <p>Are you still attending secondary school?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No                 </p>	<p>Have you SUCCESSFULLY completed any of the following:</p> <p> <input type="radio"/> Certificate I  <input type="radio"/> Certificate II  <input type="radio"/> Certificate III (or Trade Certificate)  <input type="radio"/> Certificate IV (or Advanced Certificate/Technician)  <input type="radio"/> Diploma (or Associate Diploma)  <input type="radio"/> Advanced Diploma or Associate Degree  <input type="radio"/> Bachelor degree or Higher Degree  <input type="radio"/> Certificates other than the above                 </p>		
EMPLOYMENT	STUDY REASON		
<p>Of the following categories, which BEST describes your current employment status?</p> <p><b>Employment Status</b></p> <p> <input type="radio"/> Full-Time Employee (more than 35 hours per week)  <input type="radio"/> Part-Time Employee (less than 35 hours per week)  <input type="radio"/> Self Employed – Not employing others  <input type="radio"/> Employed – unpaid worker in a family business  <input type="radio"/> Unemployed – seeking Part-time work  <input type="radio"/> Unemployed – seeking Full-time work  <input type="radio"/> Not Employed – Not Seeking Employment  <input type="radio"/> I am an Employer                 </p>	<p>Of the following categories, which BEST describes your main reason for undertaking this Course</p> <p><b>Study Reason</b></p> <p> <input type="radio"/> Traineeship/Apprenticeship?  <input type="radio"/> To get a job  <input type="radio"/> To get a better job or promotion  <input type="radio"/> It was a requirement of my job  <input type="radio"/> I wanted extra skills for my job  <input type="radio"/> To get into another course or study  <input type="radio"/> For personal interest or self-development  <input type="radio"/> To try for a different career  <input type="radio"/> To develop my existing business  <input type="radio"/> To start my own business  <input type="radio"/> Other reasons                 </p>		
PRIVACY STATEMENT AND STUDENT DECLARATION			
<p>I declare that the information I have provided to the best of my knowledge is true and correct.</p> <p>I understand that my RTO Mandurah Safety and Training Services (MSTS) are required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties, for administrative, regulatory and/or research purposes:</p> <ul style="list-style-type: none"> <li>School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.</li> <li>Employer – if I am enrolled in training paid by my employer.</li> <li>Government departments and authorised agencies.</li> <li>NCVER.</li> <li>Organisations conducting student surveys.</li> <li>Researchers.</li> </ul> <p>You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted.</p> <p>I understand that I retain the right to withdraw my consent to receive NCVAR emails at any time.</p> <p><input type="checkbox"/> I choose to opt out of this marketing and usage consent</p> <p><input type="checkbox"/> I acknowledge that the information being collected on this Form is required by the Australian Government, and that I cannot be awarded any course qualifications until it has been fully completed and provided to MSTS</p>			
Applicant Signature, or type your Name here		Date:	
*Parental/Guardian Consent is required for all students under the age of 18.			
Parent/Guardian Name:			
Guardian Signature, or type Guardian Name here.		Date:	