ENROLMENT FORM

BSB42015

Certificate IV in Leadership and Management

**Please note: All sections with an asterisk (\*) must be completed**

***Section 1: Payment Details***

**\*Who is responsible for paying the account for this training?**

Employer/Organisation**-**You **must** complete sections 4 and 9 (even if credit card details are provided). If you are enrolling more than one student please submit a separate enrolment form for each student.

Student(Please ensure all sections are completed prior to submitting your enrolment)

***Section 2a: Student’s Details***

***\*Student name and DOB on enrolment must match the Unique Student Identifier\****

|  |  |
| --- | --- |
| \*Student’s Last Name: | \*Student’s First Name:  Student’s Middle Name: |
| \*Student’s Gender:  Female  Male | \*Student’s DOB \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| \*Student Email Address:  Unique Student Identifier  If you have an existing USI please enter below. If not, you will receive further instructions upon receipt of enrolment or visit [www.usi.gov.au](http://www.usi.gov.au)  USI: | \*Student Contact Phone:  Home:  Mobile:  Work: |
| \*Student’s Residential address  Unit/Flat #\_\_\_\_\_\_\_\_\_Street/Lot #\_\_\_\_\_\_\_\_\_  Street Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_  Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Student’s Postal Address(If different from residential)  Unit/Flat #\_\_\_\_\_\_\_\_\_Street/Lot #\_\_\_\_\_\_\_\_\_\_\_\_  Street Name / PO Box# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Section 2b - Employment***

|  |
| --- |
| \*Of the following categories, which BEST describes your current employment status?  Full time employee  Part – time employee  Self-employed not employing others  Employer  Employed – unpaid worker in a family business  Unemployed – seeking full time work  Unemployed seeking part-time work  Not employed – not seeking employment |

***Section 2c - Language and cultural diversity***

|  |  |
| --- | --- |
| \*What is your country of birth? | \*What is your main language?  English  Other - Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*What is your town of birth? |
| \*What is your Citizenship Status?  Australian Citizen  New Zealand Citizen  Permanent humanitarian Visa Holder  None of the above | \*How well do you speak English  Very Well  Well  Not well  Poorly |
| \*What is your nationality | \*Do you identify as being of Aboriginal or Torres Strait Islander origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander |

***Section 2d - Schooling***

|  |  |
| --- | --- |
| \*Are you still attending school?  No  Yes  \*If no, what year did you complete school  *E.g. 1980 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | \*What was the highest COMPLETED level of schooling?  Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent  Year 8 or below  Did not attend school |

***Section 2e - Disability***

|  |  |
| --- | --- |
| \*Do you consider yourself to have a disability, impairment or a long term health condition?  No – Go to section 2f  Yes – Complete section 2e in full  \*Will you require extra assistance to undertake your course with MRWED?   No  Yes – A MRWED team member will be in contact with you to discuss any additional requirements. | If yes, please indicate the areas of disability, impairment or long-term health conditions:  Hearing/Deaf  Mental illness  Physical  Acquired brain impairment  Intellectual  Vision  Learning  Medical condition  Other – Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Section 2f - Previous qualifications achieved***

|  |  |  |  |
| --- | --- | --- | --- |
| \*Have you successfully completed any of the following qualifications?  No – Go to section 2g  Yes – Complete below  **AQ = Australian Qualification**  **AE = Australian Equivalent**  **I = International** | | | |
| Select qualification and which standard it applies to  Bachelor degree or higher  Advanced Diploma or associate degree  Diploma or associate diploma  Cert IV or advanced certificate/technician  Cert III or trade certificate  Cert II  Cert I  Certificate other than above | AQ | AE | I |

***Section 2g - Study reason***

|  |
| --- |
| \*Of the following categories, which BEST describes your main reason for undertaking this course?  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  Other reasons – Please explain: |

**Section 3 - Language Literacy and Numeracy (LLN)**

MRWED Training and Assessment is committed to supporting all of its students in successfully completing their selected qualification/s. As such we applaud the research that has been undertaken in understanding students LLN needs. Research clearly indicates that many students require some level of LLN support.

At MRWED our desire is to understand any need that you, as a student, may have in regards to LLN. To assist you in this area we ask for you to either opt in or opt out of an LLN assessment, which will assist both you and us in ensuring the best outcomes possible for you.

For MRWED to best accommodate this we ask that every student select one of the following:

|  |  |
| --- | --- |
| - **I appreciate that MRWED is interested in my LLN standard, however I affirm that I do not require any assistance with LLN for the course I am choosing to undertake - Please finalise my enrolment.**  ***\*If you have selected this option your enrolment will be processed on receipt of your completed enrolment form.*** | - **I am unsure if my LLN standard is sufficient for the level of study I am undertaking, therefore I elect to submit the completed LLN assessment to MRWED for assessment.**  ***\*If you have selected this option your enrolment will not be processed until a formal LLN assessment has been completed. A MRWED Learning Leader will be in contact with you to arrange this assessment.*** |

**Section 4: Employer/Organisation Invoice Details**

Complete this section if the invoice is to be addressed to an employer/organisation responsible for paying this account.

|  |  |  |
| --- | --- | --- |
| \*Accounts Department Contact’s Surname: | | \*Employer/Company Legal Name: |
| \*Accounts Department Contact’s First Name: | | \*Employer/Company Trading Name: |
| \*Accounts Department Post Address (Line 1): | | \*Accounts Department Phone: |
| Accounts Department Post Address (Line 2): | | \*Accounts Department Email: |
| Suburb: | State: | Purchase Order Number: |
| Postcode: | Country: |  |

**Section 5: Referral Details**

|  |
| --- |
| How did you first hear about MRWED?  BRW or other magazine Conference or event Bing or Yahoo Google Other Internet Search  Employer or manager Friend or family Other referral  Facebook Twitter LinkedIn or social media  TV, radio or other media  Unsure (cannot remember)  If you were referred to MRWED by a manager, other person or company who was it? |

|  |  |
| --- | --- |
| Referring Contact’s Surname: | Referring Contact’s Phone: |
| Referring Contact’s First Name(s): | Referring Contact’s Email: |
| Referring Contact’s Employer/Company: | Referring Contact’s Position Title: |

**Section 6: Course Selection Details** (Complete either Option 1 or 2)

|  |
| --- |
| Option 1:  **Full Course Enrolment** (All 12 Units using same delivery method)  Face-to-Face $2100   RPL $1080  Online $1665.00 |

|  |
| --- |
| Option 2:  **Partial or Blended Course**  (7.5% price discount if student enrols in all 12 Units required for the qualification)  Cluster Unit of Competency Face to face RPL CT Online  $105 $0 $150 |
| **LIW**  BSBMGT401  BSBLDR401 Cluster Price **$760**  BSBWOR404  TAEDEL404A |
| **LTR**  BSBLDR402       BSBLDR403 Cluster Price **$760**  BSBINN301 |
| **MPO** BSBMGT402      BSBPMG522 Cluster Price **$380**     BSBWHS401 |
| **FAC**  TAEDEL401A     BSBCMM401 Cluster Price **$380** |

A Credit Transfer will be available at $0 cost if the student provides a copy of a testamur showing the unit enrolled in has been previously issued.

A minimum cost of $210 is payable for issuance of the full BSB42015 qualification if the students blended course application is less than $210.00. If the application is greater than $210.00, this minimum issuance fee is not applicable.

**Section 7: Course Date Selections**

If the student is completing the course using only Online or RPL then **DO NOT** complete this section.

If the student intends to complete some or all of the course through face-to-face training then please indicate the course locations and date preferences below.

|  |  |
| --- | --- |
| **LIW**  **Leadership in the Workplace** | \_\_\_/\_\_\_/\_\_\_ |
| **LTR**  **Leading Teams and Relationships** | \_\_\_/\_\_\_/\_\_\_ |
| **MPO Managing Projects and Operations** | \_\_\_/\_\_\_/\_\_\_ |
| **FAC**  **Facilitation Skills** | \_\_\_/\_\_\_/\_\_\_ |

***Cluster Start Date Brisbane Sydney Melbourne Adelaide Custom***

**Section 8: Terms and Conditions**

MRWED pricing is reviewed on an occasional basis and subject to change at any time prior to MRWED receiving an enrolment. Before submitting an enrolment to MRWED all students are required to confirm that they have read and accept the relevant policies associated with their course selection as found in the MRWED Participant Handbook - <http://www.mrwed.edu.au/forms>

Do you, as the student or on behalf of the student, confirm that you have read and agree to the relevant policies associated to the course selection?

I agree **Signature -**       **DATE**: / /

**Parent/Guardian Signature**       **DATE:**  / / **(For students under the age of 18)**

If you are submitting this form electronically you can type your name as an electronic signature.

You can submit this form to Free fax 1800 333 082 or email to [contactus@mrwed.edu.au](mailto:contactus@mrwed.edu.au) or Post to MRWED, P.O. Box 325, Caboolture, QLD 4510.

**Section 9: Employer/ Organisation Authority**

*Only applicable when the Employer or Organisation are responsible for paying this account.*

I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Job Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an

Authorised Representative of (Organisation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm

that payment will be made in accordance with MRWED Training and Assessment's

Terms and Conditions unless a Corporate Credit Account agreement is in place,

which may vary these terms.

**Signature -**       **DATE**: / /

**Section 10: Payment Details**

BPAY

POST bill pay

EFT (Ring FREECALL 1800 2 TRAIN for bank details)

Credit Card (Visa, MasterCard and American Express only)

Cheque or Money Order

- Made payable to **‘MRWED Training and Assessment’**

- To be sent to **PO Box 325, Caboolture, QLD 4510**

**\*Please note that if a company credit card is supplied Section 4 MUST be completed**

# Credit Card Details

***Card Holder’s Name:***

***Card Number:***       ***-***        ***-***        ***-***

## Expiry Date:    /   CCV\_\_\_\_\_ Authorised Amount: $

## Card Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can submit this form by:

Free fax 1800 333 082 or

Email to [contactus@mrwed.edu.au](mailto:contactus@mrwed.edu.au) or

Post to MRWED, P.O. Box 325, Caboolture, QLD 4510.

