

**TAE Course**

**Application form**

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**Version 1.8 29/01/2018**

**FREECALL 1800 2 TRAIN**

(1800 2 87246)

[www.mrwed.edu.au](http://www.mrwed.edu.au/)

By email to: [**clientrelations@mrwed.edu.au**](mailto:clientrelations@mrwed.edu.au) **OR**

By postal mail to: **MRWED, PO Box 325 Caboolture QLD 4510 OR**

By electronic upload (Contact MRWED for options)

**Welcome Message and Instructions**

Hello and thank you for applying to study a course from the TAE Training Package with MRWED Training and Assessment.

**The Application Process**

Applicants for TAE Training Package courses must complete the following Application Form which will provide information on your study needs, preferences and eligibility to enter the program. Once reviewed, a MRWED Learner Success Mentor will contact you to develop a customised learning journey and will guide you through the 5 stages of the enrolment process.

**Stage 1** – Complete this Application Form and submit it to [clientrelations@mrwed.edu.au](mailto:clientrelations@mrwed.edu.au)

**Stage 2** – Your application will be confirmed, and an invitation will be emailed to you to schedule your application interview with a MRWED Learner Success Mentor.

**Stage 3** – During your application interview, your mentor will provide you with information about your customised Learning Journey. On completion of your interview, your mentor will send you a copy of your Learning Journey along with a Course Acceptance Letter.

**Stage 4** – Read and confirm your agreement with the Learning Journey by completing the Course Acceptance Letter and returning it to [clientrelations@mrwed.edu.au](mailto:clientrelations@mrwed.edu.au)

**Stage 5** – MRWED will send you a final confirmation of your enrolment which will include further details regarding your chosen delivery method, such as how to access the online system and location information for face to face students.

If you have any questions regarding completing this application process, feel free to contact us on 1800 287 146 or via email at [contactus@mrwed.edu.au](mailto:contactus@mrwed.edu.au)

***Which course are you applying for?***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Please select the course you are applying for from this list.  Full TAE40116 Certificate IV in Training and Assessment - go to section 1  Full TAE50116 Diploma of Vocational Education and Training - go to section 1  Full TAE50216 Diploma of Training Design and Development - go to section 1  Partial Qualification only – Select all units that you are applying for from the list below  **\*NB only select individual units if you have chosen partial qualification above**   |  |  |  | | --- | --- | --- | | TAEDES401 | TAEASS401 | TAEDEL301 | | TAEDES402 | TAEASS402 | TAEDEL401 | | TAEDES501 | TAEASS403 | TAEDEL402 | | TAEDES502 | TAEASS301 | TAEDEL404 | | TAEDES503 | TAEASS501 | TAEDEL502 | | TAEDES505 | TAEASS502 | BSBCMM401 | | TAELLN411 | TAEASS503 | TAETAS501 | | TAELLN501 | TAEASS504 | TAEPDD501 | |

***What is your level of experience in training and assessment?***

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| --- |
| \*Please select which of the following categories best indicates your experience within training and assessment, and how you wish to proceed with this course application:  I am an experienced trainer and assessor who would like to discuss the options of modifying the amount of training required in my learning journey. I understand that by selecting this option I may be asked to provide supporting evidence.  I am comfortable with the standard learning journey described for this qualification and I do not wish to discuss any modification to the amount of training required. |

***Section 1: Proposed Student Details***

***\*Student name and DOB on application 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 Date of Birth    \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| \*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 application 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 2a: Employment***

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| \*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 2b: Language and cultural diversity***

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

***Section 2c: 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 2d: Disability***

|  |  |
| --- | --- |
| \*Do you consider yourself to have a disability, impairment or a long-term health condition?  No – Go to section 2e  Yes – Complete section 2d 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: (please specify) |

***Section 2e: Previous qualifications achieved***

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| --- | --- | --- | --- |
| \*Have you successfully completed any of the following qualifications?  No – Go to section 2f  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 2f: Study reason***

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| \*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 – Application Follow Up Information***

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| Once this application has been reviewed, a MRWED mentor will contact you to discuss the outcome and to develop a tailored learning journey. What is the best way for the MRWED mentor to contact you?  Please call me on phone number:  Please email me at:  Other communication – please specify:  If there is any other information, relevant to contacting you regarding this application,  please let us know here: |

***Section 4 - Language Literacy and Numeracy (LLN)***

MRWED Training and Assessment is committed to supporting all our students in successfully completing their selected course of study. National research consistently indicates that many students will require some level of LLN support. As such, we recognise that we have a responsibility to understand each student’s unique LLN needs.

Our desire is to identify any LLN need that you may have as a student and to assist you in reducing the impact this may have on your studies with MRWED. Therefore, we ask for you to either opt in or opt out of an LLN assessment, which will help us to determining how best to assist you. **Please select one of the following two options.**

**☐** **- I appreciate that MRWED is interested in my LLN capabilities, however I affirm that I do not require any assistance with LLN for the course I am choosing to undertake.**

**☐** **- I am unsure if my LLN capabilities are sufficient for the level of study I am undertaking; therefore, I elect to submit the completed LLN assessment to MRWED for assessment.**

***Section 5 - Entry Requirements***

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| All candidates looking to complete the Certificate IV in Training and Assessment must be aware that this qualification has an entry requirement. The requirement states:  ***Those entering this program must be able to demonstrate vocational competency in their proposed teaching and assessing area. Vocational competency is defined as broad industry knowledge and experience, and may include, but is not limited to, holding a relevant unit of competency or qualification.***  Based on this entry requirement, we require that you provide information on the following:  **A:** Briefly describe your vocational experience relating to the area that you wish to train and assess. *(e.g. I am a chef by trade and wish to train and assess hospitality and commercial cooking)*  **B:** Please list any unit/s of competency or qualifications/s that you currently hold which you intend to train and/or assess. *(e.g. Certificate III in Commercial Cookery)*    I confirm that my responses to questions A and B above will be the area/s in which I intend to use my Certificate IV in Training and Assessment once obtained.  YES  NO  *You must provide MRWED with evidence of this vocational competence. Please forward your evidence to* [*contactus@mrwed.edu.au*](mailto:contactus@mrwed.edu.au) *at your earliest convenience to fast track your application. If you are unsure of what evidence to provide, or are unable to email a copy you can discuss your options during the application interview.* |

***Section 6: Study Method and Location***

To complete the TAE40116 Certificate IV in Training and Assessment you will need to undertake formal training, plus a variety of reinforcement and extension tasks. You will be required to select a study method to complete your formal training. Indicate your preference below:

**Face-to-Face** – Classroom delivered training plus independent project work

**Online** – Web-Based Learning Management System

**Blended** – a choice of up to 2 different methods from the above. Please specify above.

**Location:***(Only indicate a location below if you have selected the Face-to-Face study method for your formal training)*

Brisbane  Sydney Melbourne  Adelaide

Other location (as part of a custom course – please specify):

***Section 7: Applicant Declaration***

|  |
| --- |
| I declare that all information provided within this application form is true and correct.  Applicant’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.

