

Enrolment Form

Qualification: CPC50210 Diploma of Building and Construction (Building)

Start Date: _____

Personal details

1. Enter your full name *

Single name only ☐ (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').

Family name (surname) _____

First given name _____

Second given name (middle) _____

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

2. Enter your birth date

Day/month/year

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3. Gender (Tick ONE box only)

Male ☐

Female ☐

Other ☐

4. Enter your contact details

Home phone _____ Work phone _____

Mobile _____ Email address _____

Alternative email address (optional) _____

5. 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 details _____

Street or lot number (e.g. 205 or Lot 118) _____

Street name _____

Suburb, locality or town _____

State/territory _____

Postcode _____

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

Building/property name
Flat/unit details
Street or lot number (e.g. 205 or Lot 118)
Street name
Postal delivery information (e.g. PO Box 254)
Suburb, locality or town
State/territory
Postcode

Language and cultural diversity

7. In which country were you born?

Australia	<input type="checkbox"/> 1101
Other – please specify	

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only	<input type="checkbox"/> 1201
Yes, other – please specify	

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No	<input type="checkbox"/> 4	3 (yes to both)
Yes, Aboriginal	<input type="checkbox"/> 1	
Yes, Torres Strait Islander	<input type="checkbox"/> 2	

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N No – Go to question 12

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement on page 5 for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/> 11
Physical	<input type="checkbox"/> 12
Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16

Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Other	<input type="checkbox"/> 19

Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02

Never completed any primary or secondary education – go to question 14

13. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

No – go to question 16

15. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990

Employment

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

(Tick **ONE** box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Self employed – employing others	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

Study reason

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick **ONE** box only)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
To get skills for community/voluntary work	<input type="checkbox"/> 13
Other reasons	<input type="checkbox"/> 11

Unique Student Identifier (USI)

From 1 January 2015, we Master Builders Association of WA (RTO Code 5101) 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 <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device.

18. Enter your Unique Student Identifier (USI) (if you already have one)

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Unique Student Identifier (USI)

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Disability Supplement (Please read if you ticked “Yes” for question 10 Disability)

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.

Working in the Building and Construction Industry

How many years have you been working in the building and construction industry?	_____ Years
Did this period include an apprenticeship? Trade: _____ Date Completed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Notice

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)*) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.desegov.au/national-vet-data/vet-privacy-notice>

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Master Builders Association of WA to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Master Builders Association of WA (RTO Code: 5101)

Phone: (08) 9476 9800

Email: diploma@mbawa.com

Privacy Policy available in the Student Handbook on the Master Builders WA website.

<https://www.mbawa.com/products-services/training/training-information/>

Payment Information

Please indicate (✓) below your chosen study option and refer to the nominated payment schedule over the page.

1. Full time ☐ 2. Recognition of Prior Learning (RPL) ☐

Please indicate who is responsible for covering payment of course costs

☐ Self ☐ Other (Please complete payment contact section below)

Payment Options

- ☐ Cash – in accordance with details on Master Builders WA invoice
- ☐ EFT – in accordance with details on Master Builders WA invoice
- ☐ Direct Debit – in accordance with details on Master Builders WA invoice and Payment Request form
- ☐ Credit Card – in accordance with details on Master Builders WA invoice and Payment Request form

☐ Visa ☐ Master Card ☐ AMEX (incurs 1.25% surcharge)

Card Number

/ Expiry Date CCV Number

Name on Card

Signature

Payment Contact (person or organisation responsible for course payment if not participant)

Name

Organisation

Position

Contact Number

E-Mail

Signature

Payment Schedule

1. Full Time	Member Fee	Non-Member Fee
Fee to be paid on course enrolment.	\$1500.00	\$1500.00
Balance of fees to be paid in 5 instalments. Each payment is to be made by 5 working days prior to the commencement of the relevant module.	\$1100.00	\$1200.00
Total Fee	\$7000.00	\$7500.00

2. RPL	Member Fee	Non-Member Fee
Fee to be paid on course enrolment.	\$1200.00	\$1200.00
Fee to be paid per unit for RPL granted.	\$215.00	\$250.00
Fee to be paid per unit for Gap Training.	\$415.00	\$435.00
Fee Not Exceeding	\$7000.00	\$7500.00

3. Credit Transfer	Member Fee	Non-Member Fee
For any unit(s) granted as credit transfer, a <u>reduction</u> of the fee per unit will be made from the total payable fee.	\$150.00	\$150.00

Please do not hesitate if you would like to discuss a different payment plan.

Refund and Cancellation Policy

Students who may be eligible for a refund, are refunded in accordance with the following policy.

- a) Payment of all refunds is made within two weeks (14 days) of successful approval of the application for refund.
- b) Written notification of withdrawal from a course must be provided by a student to apply for a refund.
- c) There is no refund applicable where a client has commenced their course/unit.
- d) There is no refund to participants who do not obtain their qualification after assessment.
- e) There is no refund for recognition of prior learning assessments after enrolment, where recognition resources and services have been supplied to the client.
- f) There is no refund for self-paced distance learning after enrolment, where training and assessment resources have been supplied to the client.
- g) If Master Builders Association of WA fails to provide the agreed RPL or self-paced distance learning services, a full refund will be applicable.
- h) Master Builders Association of WA does not accept liability for loss or damage suffered in the event of withdrawal from a course by a student.
- i) Master Builders Association of WA provides a full refund to all students, should there be a need for the Master Builders Association of WA to cancel a course.
- j) If Master Builders Association of WA cancels a course, students do not have to apply for a refund, the Master Builders Association of WA will process the refunds automatically.
- k) Any additional costs incurred by Master Builders Association of WA involved in collection of any outstanding amounts being more than 90 days overdue is payable by the student.

Diploma Qualification Refund and Cancellation calculated as follows:

Reason for Refund	Notification Requirements	Refund Applicable
1. Student withdraws from course. Deposit paid and the balance of the full fee is paid off over the duration of the study.	Cancellation received in writing at least five (5) business days prior to commencement.	100% of the deposit paid by the student.
	Cancellation received less than five (5) business days before course commencement.	Nil refund of deposit.
	Cancellation received at any stage after course commencement.	Still liable for payment of the full course fee and no refund applicable.
2. Student suspended from the course by Master Builders Association of WA.	After course commencement, due to inappropriate behaviour or any other reason.	Still liable for payment of the full course fee and no refund applicable.
3. Course cancelled by Master Builders Association of WA.	Master Builders Association of WA will notify students within two (2) business days of the cancellation.	100% of the course fees paid by the student.

 <p>MASTER BUILDERS WESTERN AUSTRALIA <i>building a better industry</i></p>		<p>Master Builders Western Australia Level 3, 35 Havelock Street, West Perth 6005 PO Box 167, West Perth WA 6872 Phone: 08 9476 9800</p> <p>Contact: Kanishka Kumarage E: mba@mbawa.com</p>	
<h2>Direct Debit Request</h2>			
<p>Request and Authority to debit</p>		<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise Master Builders Association of Western Australia, User 318255 to arrange, through its own financial institution, a debit to your nominated account any amount Master Builders Association of Western Australia has deemed payable by you.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>	
<p>Insert the name and address of financial institution at which account is held</p>		<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>	
<p>Insert details of account to be debited</p>		<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) - </p> <p>Account number </p>	
<p>Acknowledgment</p>		<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you acknowledge:</p> <p>You have understood and agreed to the terms and conditions governing the debit arrangements between you and Master Builders Association of Western Australia as set out in this Request and in your Direct Debit Request Service Agreement;</p> <p>You authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement; and</p> <p>You confirm account details are correct and that this request is signed by required number of authorised signatories.</p>	
<p>Insert your signature and address</p>		<p>Name _____ Signature _____</p> <p>Position _____</p> <p><i>(If signing for a company, sign and print full name and capacity for signing eg. director)</i></p> <p>Address _____</p> <p>_____ Date ____ / ____ / ____</p>	
<p>Second account signatory (if required)</p>		<p>Name _____ Signature _____</p> <p>Position _____</p> <p><i>(If signing for a company, sign and print full name and capacity for signing e.g. director)</i></p> <p>Address _____</p> <p>_____ Date ____ / ____ / ____</p>	
<p>Frequency: Monthly</p>		<p>Date: 15th of the month</p>	
<p>Date Commencing:</p>			