



# Enrolment form Domestic students only

For office use only:  
Hales Institute  
The student name has  
been confirmed as correct by  
sighting appropriate  
documentation

Yes  No

\* Mandatory fields must be completed in order for the application to be processed.

## Section 1 PERSONAL INFORMATION

Title\*  (Mr, Mrs, Ms, Miss)

Family name\*

First name\*  Middle name\*   
(if available)

Date of birth\*  Day/month/year

Gender\*  Male  Female

National or State Student Number (if known)

I am under 25 and have not yet been allocated a National or State Student Number  Yes  No

Current residential address\*  Number & street name  City/suburb  
 State/province  Country  Postcode

Postal address in Australia (if different from above)  Number & street name  City/suburb  
 State/province  Country  Postcode

Contact details\*  Area code  Tel  Fax  
 Mobile  Email\*

Emergency contact person  Name  
 Relationship  Phone no.

If your employer has sent you to attend this training and is paying for your training, please fill out section 2.

## Section 2 EMPLOYER NAME AND CONTACT DETAILS

Company name

Name of main contact

Address of Employer  Number & street name  City/suburb  
 State/province  Postcode

Contact details\*  Area code  Tel  Fax  
 Mobile

Email address

### How to apply

1. Complete in **BLOCK** letter 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 structures 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 **info@hales.edu.au**

or by mail to

**Admissions Team**  
Hales Institute  
Level 3, 55 Swanston Street  
Melbourne, Victoria  
Australia 3000

If you have enquiries or difficulties completing this form please contact us on:

phone: **(03) 9639 0000**  
fax: **(03) 9650 6476**

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**Section 3 LANGUAGE AND CULTURAL DIVERSITY****In which country were you born?\***Australia  Yes  No

Other - please specify

**English\***

What is the main language you speak at home?

English  Yes  No

Other - please specify

How well do you speak English?

Very well Well Not well Not at all **Are you of Australian Aboriginal or Torres Strait Islander origin?\****(for persons of both Australian Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)* No Yes, Australian Aboriginal Yes, Torres Strait Islander

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**Section 4 DISABILITY AND SPECIAL CONSIDERATION**

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

 Yes  NoIf yes, then please indicate the area of disability, impairment or long-term condition below. *(You may indicate more than one area.)*Hearing/Deaf Acquired Brain Impairment Physical Vision Intellectual Medical Condition Learning Other Mental Illness 

Other reasons (please specify) \_\_\_\_\_

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**Section 5 COURSE/QUALIFICATION ENROLMENT**

Course for enrolment

Name of Course

Intake date (month, year; i.e., February 2010)

Code/Qualification level

At which learning facility are you applying? *(please select one)* MEGT Institute - NSW/ACT MEGT Institute - Tasmania MEGT Institute - VIC MEGT Institute - South Australia MEGT Institute - Queensland MEGT Institute - Western Australia Hales Institute - Melbourne MEGT Institute - Sydney campus

Other (please specify) \_\_\_\_\_

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

Yes  No If yes, please provide a certified copy of official results including detailed unit/subject descriptions.

Do you wish to apply for Skills Recognition (RPL,RCC)?

Yes  No If yes, please provide a completed Skills Recognition Application Form, available on the website, or  
 I request an initial Skills Recognition interview.

How did you hear about this course / qualifications?

Web site  Employer  
 Newspaper  Brochures  
 Friend  Expo/Education Exhibition/Trade Fair

Other (please specify) \_\_\_\_\_

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## Section 6 EDUCATIONAL BACKGROUND AND QUALIFICATIONS

### Schooling

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

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

In which YEAR did you complete that school level? \_\_\_\_\_

Are you still attending secondary / high school?  Yes  No

### Previous Qualification Achieved

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

If yes, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree  Certificate III (or Trade Certificate)   
Advanced Diploma or Associate Degree  Certificate II   
Diploma (or Associate Degree)  Certificate I   
Certificate IV (or Advanced Certificate/Technician)  Certificate other than the above

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

Name of qualification achieved and approximate year it was achieved
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**Employment**

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

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

**Study Reason**

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

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

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**Section 7 SUPPORTING DOCUMENTS**

For some courses / qualifications supporting documentation must be included. Note: Do not include originals (copies only) 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)*

- Certified copies of academic transcripts *(where a prerequisite for entry)*
- Proof of identity with photo
- Certified copies of certificates *(if applying for credit transfer or Recognition of Prior Learning)*
- Evidence of vocational experience if required for course entry

Compulsory for Productivity Placement Program (PPP) students only: *(if applicable)*

Jobseekers ID

Medicare  
card  
number

Driver license  
number

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**Section 8 STUDENT DECLARATION**

- 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 Institute may refuse, vary, reverse or terminate my enrolment on the basis of untrue, misleading or incomplete information
- I consent to the MEGT Institute providing Australian Government and relevant State Government Departments with information concerning my enrolment, academic results and academic standing
- I am aware of and have sighted the MEGT Education Group Policies and Procedures, available on the Institutes websites and agree to be bound by them
- I acknowledge the declaration below relevant to the state where I am enrolling:

**SOUTH AUSTRALIA DECLARATION**

The Department of Further Education, Employment, Science and Technology collect the required information on this form for the use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and the National Centre for Vocational Education Research (NCVER) for the above purposes.

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**NEW SOUTH WALES DECLARATION**

I give permission for the information supplied to be used by the Department of Education and Training for research, statistical analysis, program evaluation, post completion surveys and internal management systems.

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**VICTORIA, TASMANIA, WESTERN AUSTRALIA, QUEENSLAND & AUSTRALIAN CAPITAL TERRITORY DECLARATION**

I give permission for the information contained in this enrolment form to be released to the relevant State Governments for use in Australian Vocational Education and Training Information System (AVETMISS) for research and statistical purposes only.

Student signature \_\_\_\_\_

Date \_\_\_\_\_  
Day/month/year