



Application Form - Domestic Student

This application is to be completed by domestic students. You are considered a 'domestic' student for our application purposes if:

- You are an Australian citizen;
- You are a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand);
- You are an Australian permanent resident; or
- You are an Australian humanitarian visa holder.

This form is to collect information about a prospective domestic student who intends to apply for an enrolment at Melbourne City College Australia (MCCA). MCCA uses the information and a Pre-Enrolment Assessment Form-Domestic/Other Temporary Visa Student to assess the prospective student's suitability to the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and competency. MCCA will apply this form to gain information from each applicant to determine suitability into the qualification/ course. A letter of offer and written agreement will be provided to the student if the form has been successfully completed and assessed.

- Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

A. PERSONAL DETAILS

Title: Miss Mrs. Ms. Mr. Other _____

Given Names: _____

Date of Birth

(dd/mm/yyyy):

____ / ____ / ____

Family Name: _____

Gender: Male

Female

1. Have you been enrolled at Melbourne City College Australia previously? Yes No Student No (If known) _____

2. Do you have an Unique Student Identifier Number (USI)? Yes No USI No. (if Yes) _____

Note - If No, you can create your own USI at the USI website www.usi.gov.au or fill out the [College USI Application Form](#).

If you are a student undertaking nationally recognised training you **must** have a Unique Student Identifier (USI)

3. Contact Details – Place of Residence

Street Address: _____

Suburb/ Town: _____

State: _____

Post Code: _____

Telephone (H): _____

Fax (H): _____

Telephone (W): _____

Fax (W): _____

Mobile Phone: _____

Email Address: _____

4. Next of Kin (Emergency Contact Details)

Relationship: _____

Given Name: _____

Family Name: _____

Address _____

Suburb: _____

State: _____

Post Code: _____

Mobile Phone: _____

Email Address: _____

5. Extra/ Special Support Needs

Do you need extra support/ have a disability, medical condition, impairment or long term condition that should be considered which may interfere with undertaking the course or which requires special assistance from the College? (e.g. Hearing/visual impairment, mobility requirements) Yes No If you require assistance, please contact : 03 9614 8422

If yes, please indicate the areas of extra support, disability, medical condition, impairment or long term condition/ provide comments on details of special support/ assistance required:

Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision Medical Condition

Other, please specify _____



6. Other Details

VSN Details

Are you new to the Victorian Education system or do not have your Victorian Student Number (VSN)? To be completed by all students aged up to 24 years.

Yes. I am new to the Victorian Education System. I have never attended a Victorian school since 2009, TAFE or other VET training provider since 2011. (Students who are enrolling for the first time since the VSN was introduced will get a new VSN)

No:

If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:

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I do not know my VSN but I have participated in training at a Victorian school since 2009, TAFE or other VET training provider since 2011. Please list the most recent training _____

B. COURSE DETAILS

Please indicate the course (s) you are applying for:

Select Course	Course	Course Duration (Weeks)	Tuition Fee AUD	Enrolment Fee (Non-refundable)	Materials & Services Fee	Course Start Date (If you are not sure provide month/year)
<input type="checkbox"/>	CHC33015 Certificate III in Individual Support	26 Weeks	\$2,500	\$200	\$200	
<input type="checkbox"/>	CHCSS00114 Entry Into Care Roles Skill Set	4 Weeks	\$699	N/A	\$200	
<input type="checkbox"/>	HLTINF001 Comply with infection prevention and control policies and procedures	1 day	\$299	N/A	N/A	
<input type="checkbox"/>	HLTINFCOV001 Comply with infection prevention and control policies and procedures	1 day	\$299	N/A	N/A	
<input type="checkbox"/>	CHC30113 Certificate III Early Childhood Education and Care	28 Weeks	\$3,000	\$200	\$200	
<input type="checkbox"/>	SIT30816 Certificate III in Commercial Cookery	52 Weeks	\$7,000	\$200	\$1,000 plus \$300 Knife Kits Fee & \$200 Uniform Fee	
<input type="checkbox"/>	SIT40516 Certificate IV in Commercial Cookery	78 Weeks	\$10,000	\$200	\$1,000 plus \$300 Knife Kits Fee & \$200 Uniform Fee	
<input type="checkbox"/>	SIT50416 Diploma of Hospitality Management	85 Weeks	\$13,000	\$200	\$1,000 plus \$300 Knife Kits Fee & \$200 Uniform Fee	
<input type="checkbox"/>	BSB50215 Diploma of Business	52 Weeks	\$3,500	\$200	\$200	



<input type="checkbox"/>	BSB61015 Advanced Diploma of Leadership and Management	52 Weeks	\$3,500	\$200	\$200	
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C. ENTRY REQUIREMENTS, PRIOR LEARNING & CAREER GOALS

- Why did you choose to enrol at MCCA? _____
- Why do you wish to undertake the course? _____
- Do you meet the course entry requirements? Yes No. Please provide details below.

PREVIOUS QUALIFICATIONS ACHIEVED

Qualifications (Highest Qualification First)	Institution	Country	Date of Completion

WORK HISTORY

Do you have any experience that is relevant to your chosen course? Yes No. If yes, please specify your experience.

Company _____ Years of Service _____

Position Title _____

Language, Literacy and Numeracy (LLN)

Are you willing to complete a Language, Literacy and Numeracy (LLN) assessment by the College? Yes No

Do you intend to request for a Credit Transfer of Recognition of Prior Learning (RPL)? Yes No. If yes, please fill in a Credit Transfer or Recognition of Prior Learning Application Form. This is available from Student Services

- What do you expect to achieve after completion of the course? _____
- What is your career plan? _____

D. PAYMENT METHOD

A request for payment or tuition and other fees will be made if you receive a letter of Offer. Payment of fees will need to be made to Melbourne City College Australia. Please make your payment by bank cheque, credit card, telegraphic transfer or direct deposit into our account. Melbourne City College Australia has no obligation until funds are cleared and an official receipt is issued.

Melbourne City College Australia accepts payment of no more than \$1,500 from each individual student prior to the commencement of the course. Following course commencement, it may require payment of additional fees in advance from the student but only such that at any given time, the total amount required to be paid which is attributable to tuition or other services yet to be delivered to the student does not exceed \$1,500.

E. FEEDBACK

How did you hear about Melbourne City College Australia:

Relative/Friend Internet Social Media Agent/JSA Centrelink Other Please specify _____

Privacy Statement:

The information collected in this form is for the purpose of processing your application with the Melbourne City College Australia. The information will be held by the College in accordance with its Privacy Policy and Procedures and may be accessed and used by people employed/engaged by the College.

The information may be made available to government departments and agencies in relation to the College's obligations under law including the Australian Skills Quality Authority (ASQA) reported under the Australian Vocational Education and Training

Declaration:

I declare that the information provided by me in this Application Form, is correct. I confirm that I have read, fully understand, and accept the College TERMS AND CONDITIONS and Policies and Procedures available on the College Website, and agree to be bound by them including the Fee and Refund Policy, and that I have the financial capacity to meet tuition fees and agree to pay fees as they become due. I acknowledge and agree to the terms described in this privacy statement



<p>Management Information Statistical Standards (AVETMISS). The Education and Training Reform Act 2006 requires the College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number, Unique Student Identifier and updating my personal information on the Victorian Student Register. You have a right to access and correct your personal information in accordance with privacy legislation and the College's Privacy Policy and Procedures. For more information in relation to how student information may be used or disclosed please access the Colleges Privacy Policy at: https://www.melbournecitycollege.edu.au/pdfs/privacy.pdf.</p>	<p>Applicant Signature: _____</p> <p>Applicant Full Name: _____</p> <p>Date: ____ / ____ / ____</p>
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Provider Offer (College Use Only)

1. Applicant's ID is sighted and the copy is attached:
 Drivers Licence Passport Birth Certificate Proof of Age Card Keypass Card Other Please specify _____

Pre-Enrolment Assessment Form

Please:

- see the student's comments in Section C.1 , 2, 3, 4 & 5 and Section A.5 of the Application Form; and assess the student's suitability to the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and competency using a Pre-Enrolment Assessment Form-Domestic/ Other Temporary Visa Student.
- attach the completed Pre-Enrolment Assessment Form with this form.

Admission Checklist

Please:

- assess whether the student's Language, Literacy and Numeracy skills and/ or work experience is sufficient to enable the student to enter the course using an Admission Checklist-Domestic/ Other Temporary Visa Student.
- attach the completed Admission Checklist with this form.

Assessment Decision

Enrolment Offered	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate course(s) to be offered below			
<input type="checkbox"/> CHC33015 Certificate III in Individual Support	<input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery		
<input type="checkbox"/> CHCSS00114 Entry Into Care Roles Skill Set	<input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery		
<input type="checkbox"/> HLTINF001 Comply with infection prevention and control policies and procedures	<input type="checkbox"/> SIT50416 Diploma of Hospitality Management		
<input type="checkbox"/> HLTINFCOV001 Comply with infection prevention and control policies and procedures	<input type="checkbox"/> BSB50215 Diploma of Business		
<input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care	<input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management		
Comments: 			
Authorised Staff Name			
Authorised Staff Signature		Date	____ / ____ / ____