



STUDENT ENROLMENT FORM

FOR PRE-APPRENTICESHIP AND APPRENTICESHIP COURSES

WHICH COURSE ARE YOU INTERESTED IN?

<input type="checkbox"/> Plumbing & Gas fitting Apprenticeship	<input type="checkbox"/> Painting & Decorating Apprenticeship
<input type="checkbox"/> Plumbing & Gas fitting Pre-Apprenticeship	<input type="checkbox"/> Painting & Decorating Pre-Apprenticeship

Applicant's Full Name:	Sex (Male or Female):
Date of Birth: / /	Place of Birth:
Phone Number (Home):	Mobile:
Home Address:	Post Code:
Email Address:	
Emergency Contact Name:	
Emergency Contact Number:	
If you are under 18 years of age, please ensure your parent/guardian has signed this form.	

Please provide a copy of your birth certificate and/or concession card with your application

Are you of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:
Do you hold a current drivers licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a reliable form of transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In which country where you born?	Australia <input type="checkbox"/> Other <input type="checkbox"/> If Other, please specify:
Are you a Permanent Australian resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you mainly speak English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:
Have you applied for a course or training with MPA Skills in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

HIGH SCHOOL EDUCATION

Which school are you attending / did you attend?	
What level are you in now / did you achieve?	
In which year did you complete that school level?	

FURTHER EDUCATION (please provide certified copies of formal qualifications)

Have you undertaken any further studies? If so, please describe briefly here:

EMPLOYMENT OR WORK EXPERIENCE:

COMPANY (most recent company first)	DATES OF EMPLOYMENT	DUTIES	CONTACT PERSON & PHONE NUMBER

PLEASE PROVIDE DETAILS OF TWO CONTACTABLE REFEREES:

Name:	Name:
Company:	Company:
Phone No:	Phone No:
Mobile No:	Mobile No:

Are you colour blind? (Painters only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
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Of the following categories, which best describes your current employment status?

Full-Time employee	Employed – Unpaid worker in a family business
Part-Time employee	Unemployed – seeking full-time work
Self Employed - not employing others	Unemployed – seeking part-time work
Employer	Not employed – not seeking employment

What is your main reason for undertaking this course? (tick one box only)

To get a job	Extra skills/requirement of my current job
To start my own business	To get into another course at TAFE or University
To get a promotion /improve my career	For interest or personal development
To start a different career	Other

MEDICAL HISTORY

Place an X in the box beside any conditions you have had or may have.

High blood pressure	Mental illness or nervous disorder
A work related injury or illness or Workers' Compensation Claim	Asthma, Bronchitis
Lung problems	Hay fever
Allergies	Eczema, dermatitis
Whiplash, neck injury	Repetitive strain injury or overuse injury
Any joint problem or injury	Fracture or dislocation
Fits, seizures, epilepsy	Hearing defect or deafness
Diabetes	Back strain injury
Cancer or tumour	Learning condition
Vision impairment (not including glasses)	Intellectual disability
Acquired brain impairment	Physical disability
Heart trouble	Other, please specify:
ADD and/or ADHD	NONE OF THE ABOVE

Comments: _____

It is important to answer the questions accurately as it may affect your right to compensation for any future injury. Please answer the following questions:

In what year did you have your last Tetanus injection? If you cannot remember what year or it is more than five years since your last Tetanus injection, you will need another one.	
Are you taking any medication, drug or injections for a medical condition on a regular basis? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you suffer from any other medical condition, impairment, disability or handicap of any type that has not been listed above? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you a current workers' compensation claim? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a workers' compensation claim in the past? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any operations? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any reason why you cannot wear safety or protective equipment? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you perform vigorous exercise three or more times per week? Specify if YES:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever smoked regularly? If you currently smoke, how many cigarettes per day do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NONE OF THE ABOVE	

Comments: _____

Place an X in the box beside the problems or complaints which you experience or have experienced.

Breathlessness or difficulty in breathing when hurrying on level ground or walking up a slight hill	<input type="checkbox"/>	Loss of balance	<input type="checkbox"/>
Frequent cough	<input type="checkbox"/>	Nausea or gastric upset following exposure to fumes	<input type="checkbox"/>
Wheezing in your chest	<input type="checkbox"/>	Back pain	<input type="checkbox"/>
Cough, breathlessness or sneezing due to dust, fumes or gases	<input type="checkbox"/>	Stiffness or aching in neck, shoulder, elbow, wrist, hip, knee or ankle	<input type="checkbox"/>
Fainting, light-headedness	<input type="checkbox"/>	Weakness in arms or legs	<input type="checkbox"/>
Sore eyes or skin rashes due to oils, chemicals, animals or plant products	<input type="checkbox"/>	Pain on exercise	<input type="checkbox"/>
NONE OF THE ABOVE	<input type="checkbox"/>		<input type="checkbox"/>

Comments: _____

Physical Abilities

Place an X in the box beside each activity with which you have difficulty.

Running 100 metres	<input type="checkbox"/>	Climbing a ladder (fear of heights)	<input type="checkbox"/>
Walking on rough ground	<input type="checkbox"/>	Crouching	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	Sitting for 2 hours	<input type="checkbox"/>
Standing for 2 hours	<input type="checkbox"/>	Lifting 20 kilogram's	<input type="checkbox"/>
Turning your head rapidly	<input type="checkbox"/>	Gripping firmly with both hands	<input type="checkbox"/>
Using hand tools	<input type="checkbox"/>	Repetitive movements of hands or arms	<input type="checkbox"/>
Hearing a normal conversation	<input type="checkbox"/>	Reading ordinary newsprint	<input type="checkbox"/>
Concentrating on what you are doing	<input type="checkbox"/>	Understanding English	<input type="checkbox"/>
Bending repeatedly	<input type="checkbox"/>	NONE OF THE ABOVE	<input type="checkbox"/>

Comments: _____

ALCOHOL HISTORY

Place an X in the box after these two questions to describe your usual alcohol consumption.

How often do you usually drink alcohol?	<input type="checkbox"/>	How many drinks do you usually have on a day when you drink alcohol	<input type="checkbox"/>
I do not drink alcohol	<input type="checkbox"/>	I do not drink alcohol	<input type="checkbox"/>
Less than once per week	<input type="checkbox"/>	1 or 2 drinks	<input type="checkbox"/>
On 1 or 2 days per week	<input type="checkbox"/>	3 or 4 drinks	<input type="checkbox"/>
On 3 or 4 days per week	<input type="checkbox"/>	5 to 8 drinks	<input type="checkbox"/>
On 5 or 6 days per week	<input type="checkbox"/>	9 to 12 drinks	<input type="checkbox"/>
Every day	<input type="checkbox"/>	More than 12 drinks	<input type="checkbox"/>

Do you have any specific requirements that we should be aware of? Yes No
 If Yes, please specify: _____

I do / do not (please specify) authorise MPA Skills to use all media and photographic images taken of me while attending MPA Skills for training. I am aware that media and photographs may be used for promotional material and on the website.
 Please sign: _____

By signing this form you agree that you may be contacted by the Department of Training and asked to participate in one or more surveys about this training program.

NOTE: Enrolment is subject to the receipt of a completed Student Enrolment Form, submitting relevant documentation and a successful interview (if applicable).
 FULL payment of fees or a payment arrangement must be made PRIOR to commencement of your training. Failure to do so will result in cancellation of your training. Please initial: _____

I declare that the information provided on this form is true and correct.

Parent/Guardian Signature:	Date:
Student Signature:	Date:

Please attach a copy of your:

Birth Certificate	(Mandatory)	
Concession Card	(if applicable)	
Formal qualifications	(if applicable)	
Resume	(for pre-apprenticeships)	
Passport Photos	(Mandatory x2 - please write your name on the back of your photos)	

For Pre-Apprenticeship Applicants: Please explain why you want to become a plumber/painter?

Please answer the following survey by ticking the appropriate box. The information you provide here will help us to improve our services. Thank you for your interest in MPA Skills.

HOW DID YOU HEAR ABOUT MPA SKILLS?

School or School Representative	
Taste-A-Trade Participant	
Career Expo	
Internet Search	
Trade Representative or Trade Store	
Employer / Work Experience	
Co-worker in the Trade	
Friend or Relative	
Newspaper	
Master Plumbers/Master Painters Journal	
MPA Associations / Industry Event	
Word of Mouth	
Other (please specify)	

MPA Skills has a Smoke Free Policy in and around all its buildings and grounds.

Many of our courses are supported and funded by the WA Department of Education and Training (DET). Refer to our web site www.mpaskills.com.au for additional course information.

Terms and Conditions

Please refer to our website for information concerning our Fees & Charges Policy regarding payment of fees, Recognition of Prior Learning, Skills Assessments and additional fees and charges. Cancellations must be in writing to the Training Manager.

Privacy Statement

Any personal information that we do collect, we keep strictly confidential and it can only be accessed by authorised staff within MPA Skills. MPA Skills keeps, maintains and uses personal information in accordance with the 10 National Privacy Principles contained in the Privacy Act.

MPA Skills is bound by the National Privacy Principles of the Privacy Act, 1988 and is committed to safeguarding personal information it may hold at any time in respect of any individual, in accordance with the requirements of those Principles. Refer to our Privacy Policy for more information.

MPA Skills can provide Recognition of Prior Learning as any RPL can result in the awarding of credit for a module(s) or for a whole course. Under the guidelines for Mutual Recognition, any relevant competencies achieved through previous training can be credited against our courses please contact our Student Services Coordinator for more details.

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