



Training & Apprenticeship Employment
DIVISION OF MPA GROUP

APPRENTICE ENROLMENT FORM

(CPC32413 Certificate III in Plumbing & CPC30611 Certificate III in Painting)

MPA Skills PO Box 126 Maylands 6051
Maylands Campus/Office: 108 Caledonian Avenue

Surname:	Given Names(s):	Sex: Male / Female
I am of school age; Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Schooling is compulsory to the end of the year your turning 17 6 months or until you reach 18, which ever happens first.)</i>		
If you are school age you must have an Exemption or Notice of Arrangement (NOA) from your school to be eligible for this course. Please email us a copy with this application.		
Date of Birth: / /	Place of Birth:	USI Number:
Mobile:	Home Number:	
Residential Address:		
Postal Address (if different from the above):		
Email Address:		
Emergency Contact Name:	Phone Number:	Relationship to you:
Do you have a Concession Card? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please email a copy to be eligible for the reduced rate)		

QUALIFICATION DETAILS

<input type="checkbox"/> Certificate III in Plumbing (CPC32413)	<input type="checkbox"/> Certificate III in Painting (CPC30611)
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LANGUAGE AND CULTURAL DIVERSITY

Are you Aboriginal or Torres Strait Islander Origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:
Do you hold a current WA drivers license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not do you hold a current WA learners permit?	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 speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How well do you speak English?	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/>

HIGH SCHOOL EDUCATION

Are you still attending secondary school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tick the level achieved:	Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 <input type="checkbox"/>
In which year did you complete that school level?	
Name of secondary school?	

FURTHER EDUCATION

Have you undertaken any further studies? If **Yes**, please tick the appropriate qualification below

<input type="checkbox"/> Bachelor Degree or Associates Degree	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Advanced (Associate Diploma)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate IV (Advance Certificate/Technician)	<input type="checkbox"/> Certificate III (or Trade Certificate)

Do you have a White Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please email a copy)
Do you have a Current First Aid Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please email a copy)

If you would like a credit transfer for any of the Cert III units you are enrolling in (e.g you have completed a Pre Apprenticeship) you must send a copy of your results with this enrolment form for us to apply the credit

EMPLOYMENT STATUS

Of the following which best describes your current employment status?

<input type="checkbox"/> 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"/> Self Employed – not employing others	<input type="checkbox"/> Unemployed – Seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – Not seeking employment

WHAT IS THE MAIN REASON FOR UNDERTAKING THIS COURSE?

<input type="checkbox"/> To get a job	<input type="checkbox"/> To start a different career
<input type="checkbox"/> For interest or personal development	<input type="checkbox"/> To get into another course at TAFE or University
<input type="checkbox"/> To start a different career	<input type="checkbox"/> To improve my career
<input type="checkbox"/> Extra skills/ requirement of my current job	<input type="checkbox"/> Other (please specify):

HOW DID YOU HEAR ABOUT MPA SKILLS?

<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> School or School Representative	<input type="checkbox"/> Trade Representative or Trade Store
<input type="checkbox"/> Try- A-Trade Participant	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employer / Work Experience
<input type="checkbox"/> Career Expo	<input type="checkbox"/> Master Plumber / Painters Journal	<input type="checkbox"/> Co-worker in the Trade
<input type="checkbox"/> Internet Search	<input type="checkbox"/> MPA Associations / Industry Event	<input type="checkbox"/> Other (please specify)

MEDICAL HISTORY BRIEFING

Do you need special assistance or equipment to work or complete your studies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:	
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:	
Have a medical condition or disability that might affect your work performance?	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired brain impairment
	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other
	<input type="checkbox"/> Learning	
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.		

Terms & Conditions

Privacy Statement

From 1 January 2015, MPA Skills 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). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>

You **must** declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf> and that you have also read and consent to the collection, use and disclosure of your personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

Information collected by MPA Skills during a participant's enrolment and attendance will be used for the purposes of general student administration, identification, communication, State and Commonwealth agencies and research organisations.

MPA Skills is bound by the Australian Privacy Principles via 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.

I have read and agree to the above conditions and I confirm that the information provided in this form is true and correct. If you are under 18 years of age, please ensure your parent/guardian signs this form.

I also agree to the following conditions:

1. To conform to MPA Skills Apprentice Code of Conduct, Policies, Procedures and Regulations, as made known to me at the time of my employment.
2. To permit a medical examination by the MPA Skills physician if requested;
3. That any false information given in my application for employment or in my medical examination shall be considered sufficient cause for dismissal from MPA Skills apprenticeship.

Participant Signature:		Date:	
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Please complete the below if you are under 18 years of age

Parent/Guardian Name:			
Mobile		Address:	
Company Name:		Company Address:	
I understand that I am responsible for the payment of all fees as detailed in the invoice for this student.			
Name:	Sign:	Date:	

NOTE: An offer of a place in a course is subject to the receipt of relevant documentation and a successful interview

Email the below to apprentice@mpaskills.com.au

1. Completed Enrolment Form (ensure it states your USI number)
2. Copy of Birth Certificate
3. Signed Training Plan
4. Results from previous units completed with other training providers (if applicable)
5. Authority to Invoice (if your employer is paying for training fees)
6. Concession Card (if applicable)