

## APPLICATION TO ENROL

Level 1, 244 Flinders Street, Melbourne, VIC 3000  
ph. (03) 9650 1056 fax. (03) 9654 8573

*Thank-you for your interest in enrolling in the Melbourne College of Hair and Beauty.  
Please ensure that you answer ALL of the following questions to ensure correct processing of your enrolment.*

Please tick where appropriate.

### PERSONAL DETAILS

(SECTION 1)

Mr  Mrs  Miss  Ms

Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ (Legal Family Name)

Date of Birth: dd / mm / yyyy Age: \_\_\_\_\_ Sex:  Male  Female  Indeterminate/Intersex/Unspecified

Home Address: *(usual place of residence - not postbox)* \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address: *(only if different from above)* \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ State: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### EMERGENCY CONTACT

(SECTION 2)

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Students Relationship with Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### COURSES – HAIRDRESSING

(SECTION 3.1)

SHB20216 Certificate II in Salon Assistant

SHB40216 Certificate IV in Hairdressing

SHB30416 Certificate III in Hairdressing

SHB50216 Diploma of Salon Management

### COURSES – BEAUTY

(SECTION 3.2)

CUA51015 Diploma of Screen and Media (Specialist Make-Up)

SHB50115 Diploma of Beauty Therapy

SHB30115 Certificate III in Beauty Services

SHB40115 Certificate IV in Beauty Therapy

SHB30215 Certificate III in Make-Up

SIB70110 Graduate Certificate in Intense Pulsed Light and Laser Hair Reduction

### COURSES – BUSINESS

(SECTION 3.3)

BSB20115 Certificate II in Business

BSB40215 Certificate IV in Business

BSB50215 Diploma of Business

### COURSES ELIGIBLE FOR VET STUDENT LOAN

(SECTION 4)

**Do you wish to apply for a VET Student Loan for any of the courses listed below? If yes, please indicate which one.**

SHB50115 Diploma of Beauty Therapy

CUA51015 Diploma of Screen and Media (Specialist Make-Up)

## STUDY REASON

(SECTION 5)

Please tick **ONE** of the following that best describes your main reason for undertaking the selected course:

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

## LANGUAGE AND CULTURAL DIVERSITY

(SECTION 6)

Country of Birth: \_\_\_\_\_ Town of Birth: \_\_\_\_\_

**Are you of Aboriginal or Torres Strait Islander origin?** *(For persons of both Aboriginal and Torres Strait Islander origin, tick both boxes)*

- No  Yes - Aboriginal  Yes - Torres Strait Islander

**Do you speak any language other than English at home?** *(If more than one language is spoken, indicate one used most often)*

- No, English only  Yes, other: \_\_\_\_\_

**How well do you speak English?**  Very well  Well  Not Well  Not At All

## EMPLOYMENT

(SECTION 7)

Please tick **ONE** of the following that best describes your current employment status?

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

If you were previously employed, please answer the questions below.  
If you have never been employed, continue to section 8.

Please tick **ONE** of the following classifications that **BEST** describes your current or recent occupation?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Managers                               | <input type="checkbox"/> Professionals | <input type="checkbox"/> Technicians and Trade Workers       |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Labourers     | <input type="checkbox"/> Clerical and Administrative Workers |
| <input type="checkbox"/> Sales Workers                          | <input type="checkbox"/> Other         | <input type="checkbox"/> Machinery Operators and Drivers     |

Please tick **ONE** of the following that **BEST** describes the Industry of your current or previous Employer?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing               | <input type="checkbox"/> Mining                              | <input type="checkbox"/> Manufacturing                           |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services      | <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Health Care and Social Assistance       |
| <input type="checkbox"/> Transport, Postal and Warehousing               | <input type="checkbox"/> Education and Training              | <input type="checkbox"/> Accommodation and Food Services         |
| <input type="checkbox"/> Information Media and telecommunications        | <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Financial and Insurance Services        |
| <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Construction                        | <input type="checkbox"/> Rental, Hiring and real Estate Services |
| <input type="checkbox"/> Public Administration and Safety                | <input type="checkbox"/> Administrative and Support Services |  |
| <input type="checkbox"/> Arts and recreation Services                    | <input type="checkbox"/> Other Services                      |  |

## DISABILITY

(SECTION 8)

**Do you consider yourself to have a disability, impairment or long-term condition?**  Yes  No

If yes, please specify **ALL** conditions.

- Vision  Hearing / Deaf  Intellectual  Learning  Acquired brain impairment  
 Physical  Medical condition  Mental illness  Other: \_\_\_\_\_

**Do you need special assistance from the college because of the disability?**  Yes  No

**Do you have a Victorian Student Number (VSN)?**

If yes, please specify          (9 digits only) *(Continue to section 10 if you have provided your VSN)*

**If you did not answer the question above, please answer one of the following:**

Have you attended any Victorian School since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No – I have not attended a Victorian School since 2009 or a TAFE or other VET training provider since the beginning of 2011. *(Continue to section 10 if you answered No)*

Yes – I have attended a Victorian school since 2009.

What is the most recent Victorian school you have attended: \_\_\_\_\_

**AND / OR**

Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011.

List the most recent training organisations with which you have participated in training in Victoria since 2011: (You may list up to 3 training organisations)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION

What is your highest **COMPLETED** school level **IN AUSTRALIA?** (tick ONE box only)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Completed Year 12              | <input type="checkbox"/> Completed Year 11         | <input type="checkbox"/> Completed Year 10     |
| <input type="checkbox"/> Completed Year 9 or equivalent | <input type="checkbox"/> Completed Year 8 or below | <input type="checkbox"/> Never attended school |

What **YEAR** did you complete that school level? (eg. 1998, 2009, etc) \_\_\_\_\_

Are you still attending Secondary School?  Yes  No

What was the name of the Secondary School you attended? \_\_\_\_\_

PREVIOUS QUALIFICATIONS ACHIEVED

Have you **SUCCESSFULLY COMPLETED** any of the following qualifications?  Yes  No

If yes, please tick which one/s?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree                      | <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Diploma (or associate diploma)         |
| <input type="checkbox"/> Certificate IV (or advanced certificate / technician) |   | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Certificate II  | <input type="checkbox"/> Certificate I                        | <input type="checkbox"/> Certificates other than the above      |

Is your qualification Australian?  Yes  No: What country is your qualification from? \_\_\_\_\_

ELIGIBILITY

Are you a Commonwealth Health Care Card or Concession Card holder (or dependant on a card holder)?

- Commonwealth Health Care Card; *or dependant on card holder*  
 Concession Card; *or dependant on card holder*  
 No

Are you a holder of a Permanent Humanitarian Visa in Australia?

No  Yes: What is your Visa Number? \_\_\_\_\_

## UNIQUE STUDENT IDENTIFIER

(SECTION 13)

Do you have a Unique Student Identifier (USI)?

If yes, please specify  (Continue to section 13 if you have provided your USI)

**If you did not answer the question above, please read through the following and tick the boxes if you agree:**

- I will create a USI for myself by going to [www.usi.gov.au](http://www.usi.gov.au) (This is compulsory)
- I understand that if I do not provide the Melbourne College of Hair and Beauty with my USI, they cannot issue any certificate or statement of attainment.
- I give permission for Melbourne College of Hair and Beauty to check for a USI on my behalf if I do not provide them with one when I begin attending classes.

## COURSE CREDITS

(SECTION 14)

- I have previously completed units in another school and would like to apply for a Credit Transfer (CT)  
(Evidence of equivalent competencies from a nationally recognised Statement of Attainment or Qualification must be provided)
- I would like to apply for Recognition of Prior Learning (RPL)  
(A separate process will be conducted to apply for RPL. Please note that additional costs may apply)

## CITIZENSHIP

(SECTION 15)

Please tick the box that applies to you (*proof will be required*):  Australian Citizen  Permanent Resident of Australia

## STUDY SUPPORT

(SECTION 16)

- Do you require an Austudy Support Letter?  Yes  No
- Do you require a Centrelink Letter?  Yes  No

## POLICIES

(SECTION 17)

Please contact the Melbourne College of Hair and Beauty Therapy prior to enrolment for a copy of the Student Handbook or further information regarding access and equity, credit transfer and mutual recognition, recognition of current competencies, induction/ orientation procedures, assessment, language, literacy and numeracy support, flexible learning and assessment services, discipline appeals, complaints and grievance procedures, relevant legislation and other services, cancellation and refund policy. The Student Handbook is available on the website [www.mcohb.com.au](http://www.mcohb.com.au)

I understand that:

Melbourne College of Hairdressing and Beauty Therapy is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department - endorsed project or audit or review.

The Education and Training Reform Act 2006 requires Melbourne College of Hairdressing and Beauty Therapy to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For students eligible for VET Student Loan Scheme, the following privacy statement also applies:

Melbourne College of Hairdressing and Beauty Therapy is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. Melbourne College of Hairdressing and Beauty Therapy will disclose this information to the Department of Education (DoE) for those purposes. DoE will store the information securely in the Higher Education Information Management System. DoE may disclose the information to the Australian Taxation Office. Melbourne College of Hairdressing and Beauty Therapy and DoE will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact Melbourne College of Hairdressing and Beauty Therapy's Privacy Officer on phone (03) 9650 1056 or e-mail: [info@mcohb.com.au](mailto:info@mcohb.com.au)

**Unique Student Identifier (USI) Notice**

If you do not already have a Unique Student Identifier (USI) and you want Melbourne College of Hair and Beauty to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, Melbourne College of Hair and Beauty (MCOHB) will provide to the Registrar the following items of personal information about you:

- your name, including first or given name(s), middle name(s) and surname or family name as
- they appear in an identification document;
- your date of birth, as it appears, if shown, in the chosen document of identity;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details

When we apply for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process if you have documents such as a Medicare card, birth certificate, driver licence, Australian passport, citizenship document, certificate of registration by descent, ImmiCard or Australian entry visa.

If you do not have a document suitable for the DVS and we are authorised to do so by the Registrar we may be able to verify your identity by other means. If you do not have any of the identity documents mentioned above, and we are not authorised by the Registrar to verify your identity by other means, we cannot apply for a USI on your behalf and you should contact the Student Identifiers Registrar.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

If you ask MCOHB to make an application for a student identifier on your behalf MCOHB will have to declare that it has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that MCOHB has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

- is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and
  - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - » the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
    - » education related policy and research purposes; and
    - » to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - researchers for education and training related research purposes;
  - any other person or agency that may be authorised or required by law to access the information;
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

### Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy (<https://www.usi.gov.au/documents/privacy-policy>) or by contacting the Registrar on 1300 857 536. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by Us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

For information about how MCOHB collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to MCOHB's privacy policy which can be found in Student Induction Booklet.

The Privacy Notice and Student Declaration is a statement acknowledged by a student to indicate awareness that personal information collected from the student may be used together with training activity information. The privacy statement lists the ways information about the student is held, used, disclosed and managed.

The following is minimum mandatory content for inclusion in a Privacy Notice and Student Declaration.

### Privacy Notice

Under the Data Provision Requirements 2012, Melbourne College of Hair and Beauty is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Melbourne College of Hair and Beauty for statistical, regulatory and research purposes. Melbourne College of Hair and Beauty may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols including those published on NCVER’s website at: [www.ncver.edu.au](http://www.ncver.edu.au).

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Signature \_\_\_\_\_

Date:    /    /   

Parent/Guardian Signature \_\_\_\_\_

Date:    /    /   

*\*If you are under 18 years of age, a parent or guardian must co-sign this form.*

SELF DECLARATION

**Please ensure that you have read the Self Declaration, Policies and Privacy Statement very carefully before you sign this form. If you have any questions, please do not hesitate to ask.**

- I declare that the information on this enrolment form is to the best of my knowledge, true, accurate and absolute at the time of this enrolment.
- I further acknowledge that any false information and not disclosing relevant information for enrolment of this qualification will result in the cancellation of my enrolment at MCOHB, particularly if it relates to government subsidised training.
- I understand that it is my responsibility to provide all relevant and required documentation and answer all questions truthfully.
- I understand that enrolment in this course may be under the Vocational Education and Training Skills First Programme and may impact my access to further government subsidised training.
- I acknowledge that MCOHB has discussed the suitability of this course for my particular circumstances and have provided options, if any, to undertake further or alternative study.

Student Signature \_\_\_\_\_

Date:    /    /   

Parent/Guardian Signature \_\_\_\_\_

Date:    /    /   

*\*If you are under 18 years of age, a parent or guardian must co-sign this form.*