



## Masters in Education Pty Ltd

ABN: 70 622 645 023 | ACN: 622 645 023 | RTO Code: 45464  
 Address: Unit 190 569-581 George St, Sydney NSW 2000  
 Email: info@mie.edu.au Website: www.mie.edu.au  
 Phone: +61 435 731 120

# STUDENT ENROLMENT FORM

**Please indicate the course in which you wish to enroll:**

TAE40116 - Certificate IV in Training and Assessment .....

FNS40222 - Certificate IV in Accounting and Bookkeeping .....

BSB40120 - Certificate IV in Business.....

BSB50420 - Diploma of Leadership and Management .....

BSB60420 - Advanced Diploma of Leadership & Management .....

BSB50820 - Diploma of Project Management .....

### PERSONAL DETAILS

|        |             |              |            |
|--------|-------------|--------------|------------|
| Title: | First Name: | Middle Name: | Last Name: |
|--------|-------------|--------------|------------|

**Please write clearly as any error made due to misinterpretation of your writing will attract an Administration Fee of \$50.00 for reissue**

|                |       |         |
|----------------|-------|---------|
| Date of Birth: | Male: | Female: |
|----------------|-------|---------|

Company Name if required for invoicing:

Unique Student Identifier Number:

(If you don't have a number, go to [usi.gov.au](http://usi.gov.au) and create one. This is a requirement by the Australian Government prior to enrolment)

- |  |     |    |
|--|-----|----|
| • Indicate if you have Australian Citizenship      | Yes | No |
| • Indicate if you have working rights in Australia | Yes | No |
| • Indicate if you have a student visa              | Yes | No |

### RESIDENTIAL/COMPANY ADDRESS

|                |            |          |
|----------------|------------|----------|
| No and Street: | Suburb:    |          |
| State:         | Post Code: | Country: |

### POSTAL ADDRESS

As Above:  
 Address if Different:

### CONTACT DETAILS

|           |           |         |
|-----------|-----------|---------|
| Phone(H): | Phone(W): | Mobile: |
| Fax(H):   | Fax(W):   | Email:  |

### OTHER DETAILS

|                                 |                               |
|---------------------------------|-------------------------------|
| In which country were you born: | Main language spoken at home: |
|---------------------------------|-------------------------------|



## Masters in Education Pty Ltd

ABN: 70 622 645 023 | ACN: 622 645 023 | RTO Code: 45464  
 Address: Unit 190 569-581 George St, Sydney NSW 2000  
 Email: info@mie.edu.au Website: www.mie.edu.au  
 Phone: +61 434 731 120

|  |  |   |                               |                |
|--|--|---|-------------------------------|----------------|
| How well do you speak English?   | Very Well                                  | Well                                      | Not Well                      | Not at all     |
| Are you of Aboriginal Origin?  | Yes<br>No                                  | Are you of Torres Strait Islander origin? |                               | Yes<br>No      |
| <b>EDUCATION BACKGROUND</b>  |  |   |                               |                |
| In what year did you complete High School?   | Highest Level Completed at school? Year 12 |   |                               |                |
| Have you completed tertiary studies?   | Yes  | No  |                               |                |
| If yes, at what level?   | Cert I                                     | Cert II                                   | Cert III or Trade Certificate | Cert IV        |
|  | Advanced Diploma                           | Associate Diploma                         | Bachelor                      | Masters        |
| <b>DISABILITY/SPECIAL NEEDS</b>  |  |   |                               |                |
| Do you consider yourself to have a disability, impairment or long-term condition that could affect your study?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |                               |                |
| Hearing/Deaf   | Physical                                   | Intellectual                              | Learning                      | Mental illness |
| Acquired Brain Impairment  | Vision Medical Condition                   | Other                                     | Please specify                | -              |

Would you like additional support with any special needs (literacy, numeracy, physical)? This information is confidential and is only used as a means to provide the best support possible to suit your individual needs.  
 Yes  No   
 If yes the CEO or their elected representative will contact you .

**DO YOU WISH TO APPLY FOR RPL (RECOGNITION OF PRIOR LEARNING)/CREDIT TRANSFER**

Yes  No   
 if you have ticked yes, we will contact you to make an appointment to discuss your training plan with a staff member.

**ADDITIONAL INFORMATION ABOUT YOURSELF THAT COULD IMPACT ON YOUR STUDIES**

Would you like additional support with any special needs (literacy, numeracy, physical)? This information is confidential and is only used to provide the best support possible to suit your individual needs.  
 Yes  No   
 If you have ticked yes, please provide a brief description of the sort of support would best suit your individual needs Master of Education Pty Ltd is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to the Chief Executive Officer.

**FEES AND REFUNDS COURSE CHANGES, CANCELLATIONS, TRANSFERS**



## Masters in Education Pty Ltd

ABN:70 622 645 023 | ACN: 622 645 023 | RTO Code: 45464  
Address: Unit 190 569-581 George St, Sydney NSW 2000  
Email: info@mie.edu.au Website: www.mie.edu.au  
Phone: +61 434 731 120

### Refund Policy (Refer SC15 Fee and Policy and Procedure V1.1 ([www.mie.edu.au](http://www.mie.edu.au)))

#### Processing refunds

- If a course is cancelled by Masters in Education Pty Ltd, students who have enrolled and paid their deposit/enrolment fee should be automatically issued a refund. Notify them in writing and issue refund. Record on file
- Students who withdraw from their course and seek a refund are to make a request for a refund in writing.
- To make an assessment of a refund due, consider the services the student has received.

#### Consider the following:

- Deposit/enrolment fee is non-refundable – this covers administration time for enrolment and induction process.
- Training received – number of classes attended, visits received, online training
- Individual support provided by the trainer/assessor
- Assessments marked
- Consider the costs incurred by Masters in Education Pty Ltd as per above, plus the fees paid by the student to calculate a suitable refund.
- Refund assessments are to be approved by CEO/ Training Manager.
- Notify the student in writing of the outcome of the refund assessment and make payment of refund where applicable.
- Keep a copy of the refund assessment on the student’s file.

#### GENERAL

Where our training programs have a limited number of places available, these will be filled in order of completed bookings. If, for any reason Masters In Education Pty Ltd, or any party delivering training and assessment on our behalf, closes or ceases to deliver any part of the qualification in which a client has enrolled, Masters In Education Pty Ltd will assist the learning in locating another provider or refund the portion of fees for which training, and assessment has not been provided. Where there are any changes to the services agreed upon, Masters In Education Pty Ltd will advise the learner as soon as practicable, any change in ownership, either via email, website or phone.

#### DECLARATION

I acknowledge that I am entering into an agreement with Masters In Education Pty Ltd and that each has a role to ensure a positive outcome. Masters In Education Pty Ltd hereby agrees to provide the training, assessment and resources necessary for me to achieve this qualification and I acknowledge my role and responsibility in this agreement. I acknowledge that I have read and understood the information provided. I confirm that the information provided by me is true and correct. I have been offered the opportunity for Learning relating to this course and agree to the conditions set out previously. I understand that information contained in these forms may be provided to State and Commonwealth Agencies and Research Organizations and I consent to that occurring.

Student Name :

Signed:..... Date: .....

Please attach to this form a copy of your photo ID.

|                        |       |                           |                          |             |
|------------------------|-------|---------------------------|--------------------------|-------------|
| Student Enrolment Form | V 2.3 | Last updated: 27 Jan 2023 | Next review: 26 Jan 2024 | Page 3 of 3 |
|------------------------|-------|---------------------------|--------------------------|-------------|