



Masters in Education Pty Ltd

ABN : 70 622 645 023 | ACN: 622 645 023 | RTO Code : 45464

Address: 2/9 Station Street, Fairfield NSW 2165

Phone: 0407891610

Email: info@mie.edu.au Website: www.mie.edu.au

STUDENT ENROLMENT FORM

Please indicate the course in which you wish to enrol:

FNS40217 – Certificate IV in Accounting and Bookkeeping

BSB51918 – Diploma of Leadership and 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 <input type="checkbox"/>		Female <input type="checkbox"/>	
Company Name if required for invoicing				
Unique Student Identifier Number				
(If you don't have a number, go to usi.gov.au and create one. This is a requirement by the Australian Government prior to enrolment)				
RESIDENTIAL/COMPANY ADDRESS				
No and Street		Suburb		
State	Post code	Country		
POSTAL ADDRESS				
As Above <input type="checkbox"/>				
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		
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"/>
Are you of Aboriginal origin?	Yes <input type="checkbox"/> No	Are you of Torres Strait Islander origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EDUCATION BACKGROUND				
In what year did you complete High School?		Highest Level Completed at school?		
Have you completed tertiary studies? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, at what level? Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III or Trade Certificate <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/>				
Associate Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/>				
DISABILITY/SPECIAL NEEDS				
Do you consider yourself to have a disability, impairment or long-term condition that could affect your study? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/>				
Medical Condition <input type="checkbox"/> Other <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>				
If yes the CEO or their elected representative will contact you				



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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

Refund Policy

Masters In Education Pty Ltd will make a full refund of all fees paid should course be discontinued. Should the participant desire to take an alternative course with Master of Education Pty Ltd, fees will be fully transferable to that course. In the event of a course for which the participant was enrolled being unavailable or no acceptable alternative course is available fees are fully refundable, including any deposit paid.'

Should a participant cancel an enrolment with Masters In Education Pty Ltd, the following conditions will apply regarding a refund of fees:

- Cancellation prior to the commencement date 80% of course fees will be refunded.
- No refunds or transfers will be given for cancellations or discontinuations after a course commencement date except where extenuating circumstances prevail* or after exclusion for unsatisfactory attendance or behaviour
- All requests for cancellation or refunds must be made in writing using Masters In Education Pty Ltd Refund Request Form and accompanied with supporting documentation where necessary
- Normal processing time for a refund request is up to four weeks
- Refunds will be paid within one (1) week of the claim being agreed upon

*Extenuating circumstances: Should a participant have to discontinue a course for legitimate reasons, such as sickness or exceptional family circumstances, a full refund less 20% will be paid.

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 Organisations and I consent to that occurring.

Student Name Signed:Date:

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