



Welcome and congratulations!

We are excited that you are taking the first step towards achieving your training goals with Medical Administration Training Pty Ltd (MAT).

Here are a few things you will need to get started:

The Higher Level Skills program provides a government subsidy to support eligible individuals to access one subsidised training place in selected certificate IV and above qualifications, or priority skill sets.

The aim is to assist individuals to gain the higher level skills required to secure employment or career advancement in priority industries or to transition to university. Employers may also be able to access training to address workforce development needs. For an overview of what the Higher Level Skills means for students, view the Higher Level Skills student fact sheet [click here](#)

Prior to making this application please read our Fees, Refunds and Cancellations Policy, Complaints and Appeals policy as well as our Student Handbook. This is an important document that you need to read as it outlines key information and terms and conditions for students. You can access these documents on our website under student information or by selecting the below links.

- Fees, Refunds and Cancellation policy – [click here](#)
- Complaints and Appeals policy - [click here](#)
- Student Handbook - [click here](#)
- Course Overview: Please take a moment to go over the content of your course to make sure that you are aware of the subjects you will be studying, the duration of the course any entry and equipment requirements.
- A Unique Student Identifier (USI) is required by all Australians undertaking nationally recognised training. What is a USI? [click here](#)

If you do not have a USI, please visit <https://www.usi.gov.au/students/create-your-usi> for instructions on how to apply. Medical Administration Training can create a USI on your behalf once your application has been approved if required.

Important Information

- Employment status does not affect this funding program. Participants can be unemployed and seeking work, or working on a full time, part-time or casual basis
- Once you complete a qualification through this program you will no longer be eligible for further subsidised training under this program
- Students will be required to complete a training and employment survey within three months of completing or discontinuing the course
- It is important that the name you supply to us on the application form matches your identity documentation and/or USI information. You can enter a preferred name on our application form and this will be the name we use to communicate with you.

How to make a Higher Level Skills Funding Application

- Step 1** Complete all questions in the spaces provided
- Step 2** Create your USI or gather copies of your identification documentation for MAT
- Step 3** Read, understand and sign the declaration
- Step 4** Complete the Language, Literacy and Numeracy Indicator Tool
- Step 5** Email this completed form to info@medtrain.com.au or post to PO Box 2145, Strathpine Q 4500

We are looking forward to helping you with your study and will be beside you every step of the way. If you have any questions about the funding application process or anything else about your course, please contact our office on 1300 887 082 or email us at info@medtrain.com.au.

Regards

The Team at
Medical Administration Training Pty Ltd

Identification documents

Identification documents are required to be submitted along with this funding application

You must supply **at least one document from each category**

The copies must be in **COLOUR** and each page must be witnessed by a **Justice of the Peace**. You are welcome to make an appointment to present the original documents to our Strathpine head office branch so we can witness the documents for you

Category 1 - Citizenship

Australian Birth Certificate
 Australian Passport
 Green Medicare Card
 Visa
 Other – please specify

Category 2 - Residency

Current Drivers Licence – front and back of card
 Centrelink or other Govt. issued form
 Current utilities bill with name and address
 Other – please specify

Category 3 - Date of Birth

Passport
 Birth Certificate
 Current Drivers Licence - front and back of card
 Proof of Age Card
 Other – please specify

Category 4 - Concession (only required if you are claiming concessional co-contribution fee)

Healthcare Card OR Commonwealth Seniors Health Card OR Dept of Veterans Affairs/Pensioner Concession Card

Concessions

To be eligible for concession you must

- hold a current health care or concession card issued under Commonwealth law, or have proof that you are a partner or dependant of a person who holds a health care or concession card and is named on that card.

Please tick all relevant statements to you

I hold a Healthcare concession card or Pensioner concession card	<input type="checkbox"/>
I hold an official form under Commonwealth Law confirming that I am entitled to concessions	<input type="checkbox"/>
I am Aboriginal or Torres Strait Islander	<input type="checkbox"/>
I am not concessional	<input type="checkbox"/>

Eligibility Check - Please tick all relevant statements to you

I do not hold, nor am I undertaking a Certificate level IV or higher that was completed outside of high school	<input type="checkbox"/>
I am 15 years of age or older	<input type="checkbox"/>
I have finished my secondary education and am no longer attending school	<input type="checkbox"/>
I am an Australian citizen/ permanent resident or New Zealand citizen, permanently residing in Queensland	<input type="checkbox"/>
I can supply with this funding application the required eligibility documents in colour signed by a Justice of the peace	<input type="checkbox"/>
I will complete the required Language, Literacy and Numeracy Indicator Tool	<input type="checkbox"/>

If you have ticked all boxes please complete the below application form and submit to Medical Administration Training for review.

If you cannot tick all boxes please call us on 1300 887 082 to discuss further

Applicant Details					
Surname:		Given Names:			
Preferred Name:		Title		Date of Birth	/ / (DD/MM/YYYY)
Have you ever been known by any other legal name:		If Yes List:			
Residential (Physical) Address:					
Suburb:		State:		Postcode:	
Postal Address (if different to above):					
Suburb:		State:		Postcode:	
Home Phone:		Work Phone:		Mobile:	
Email address:				Gender	
Unique Student Identifier (USI) Details					
<input type="checkbox"/> YES I have a Unique Student Identifier which is					
<input type="checkbox"/> NO I do not have a Unique Student Identifier and give permission to MAT to create one for me					
Emergency Contact					
Name		Relationship		Phone	

Education	
What is the HIGHEST level of schooling you have completed?	
<input type="checkbox"/> Never attended school <input type="checkbox"/> Year 8 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	
In what YEAR did you complete this level of schooling?	
Are you still attending secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Previous Qualifications	
Which (if any) of the following qualification(s) have you successfully completed?	
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Other Please list:	
In what YEAR did you complete this qualification?	
Did you complete this qualification in Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you successfully completed any overseas qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes List:
Have you partially completed any course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please list the subjects you have successfully completed:	

Language and Cultural Diversity			
Please indicate if you are : (please tick)		<input type="checkbox"/> An Australian Citizen <input type="checkbox"/> A Permanent Resident <input type="checkbox"/> Other	
City of Birth:		Country of Birth:	How well do you speak English?
What language do you speak at home?			
Are you of Aboriginal or Torres Strait Islander origin?			

Disability

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

If so, please indicate any area (s) of disability, impairment or long term condition which may affect your learning?

- Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision Medical Condition
 Other (please List)

Employment

Which category BEST describes your current status of employment?

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

If you are employed, what is your current job role?

Reason/s for study

Which category BEST describes your reason for undertaking this study?

- To obtain employment To change my career path To start my own business To develop my existing business
 To obtain a better job / promotion It is a requirement of my current job To obtain extra skills for my job
 To gain entry to another course of study Personal interest / self-development
 Other (Please List)

Please write briefly about your reasons for study and how they relate to your personal goals and career path

Computer Software

Please advise which computer operating system you will be studying on

- Windows Based Apple Mac None
 Other Please List

Please advise which version of Microsoft Office you will be studying on

- Microsoft Office 2016 Microsoft Office 2013 Microsoft Office 2010
 Other Please List:

Additional Information

Do you wish to apply for any Recognition of Prior Learning (RPL) No Yes

Do you wish to apply for any Credit Transfer (CT) No Yes

Medical Administration Training can send me SMS/email reminder notices and course update information No Yes

I have the required equipment and entry requirement skills as listed on the course overview to complete the course No Yes

How did you hear about us

- Word of mouth Search Engine Past student MAT website Newspaper Ad Job Service Provider
 Other: Please list:

Course Information	
The course I wish to enrol in is:	
<input type="checkbox"/> HLT47315 Certificate IV in Health Administration	<input type="checkbox"/> HLT57715 Diploma of Practice Management
The study mode I wish to select is	<input type="checkbox"/> On-line <input type="checkbox"/> Correspondence

Co-contribution fees		
Course Description	Non-Concessional Students	Concessional Students
HLT47315 Certificate IV in Health Administration	Total fee \$550 \$250 Enrolment fee (non –refundable) \$150 Administration fee (non-refundable) \$10.71 co-contribution unit fee - per unit	Total fee \$450 \$250 Enrolment fee (non –refundable) \$150 Administration fee (non-refundable) \$3.57 co-contribution unit fee - per unit
HLT57715 Diploma of Practice Management	Total fee \$1000 \$250 Enrolment fee (non –refundable) \$150 Administration fee (non-refundable) \$40 co-contribution unit fee - per unit	Total fee \$800 \$250 Enrolment fee (non –refundable) \$150 Administration fee (non-refundable) \$26.67 co-contribution unit fee - per unit
Recognition of Prior Learning (RPL) Assessment Fee	\$ 200 per unit of competency being assessed in addition to unit fee charge	Concessional and Non-concessional
<p>Fees subject to change without notice. Co-contribution fees are mandatory and represent the total non-government subsidised portion of the training costs for the participant to undertake the qualification.</p> <p>Fee Inclusions:</p> <ul style="list-style-type: none"> All tuition, training services, materials, provision of training plan and all other costs associated with delivering the training and the awarding of the qualification to the participant is included in the co-contribution fee Credit transfer applications are included <p>Non-Refundable Fees</p> <ul style="list-style-type: none"> The total fee includes a non-refundable enrolment fee of \$250 and Administration fee of \$150 		

Payment of co-contribution fees	
Payment of co-contribution fees are a mandatory requirement of the funding arrangement and are payable on enrolment. They are not required to be submitted with this application. A third party (e.g. Job Service provider or Disability Employment Service (DES) provider, employer) may pay the co-contribution fees on your behalf	
I understand that should my funding application be successful , I am to complete, sign and return my enrolment paperwork to MAT along with payment of the co-contribution fee within 14 days or my application may be withdrawn	<input type="checkbox"/>
I am registered with a third party provider who will paying the co-contribution fee on my behalf on enrolment	<input type="checkbox"/>
I will be paying the co-contribution on enrolment	<input type="checkbox"/>

Declaration

I understand:

- Applicants may be asked to attend an interview to determine their eligibility towards the program
- I am required to supply a unique student identifier number (USI) to Medical Administration Training
- That under this program course progression is required and that MAT reserve the right to cancel my enrolment should I demonstrate unsatisfactory course progression.
- That I am to negotiate a Training & Assessment Plan which will provide unit assessment due dates for the course and that a signed copy must be returned to MAT prior to commencement of training
- That my Higher Level Skills funding application may not be valid after 21 days
- How long I have to complete my course
- That I will no longer be eligible for a subsidised training place under the Higher Level Skills program once I have successfully completed my qualification.
- That it is a requirement of the program to complete and return a Student Training and Employment Survey within three (3) months of completing or discontinuing the course
- Information provided on this application form may be provided to the state/territory government departments and agencies and the Student Identifiers Registrar for contractual reporting obligations. Medical Administration Training may also be required to provide the Australian Government with student and training activity data which may include information I provide in this enrolment form. The information may be used for audit, statistical analysis, verification, planning, program evaluation, post-completion surveys, reporting and/or research activities and internal management processes
- The mode of study (e.g. online, correspondence) and that phone and internet support will be offered to me during business hours
- Support services are available and if relevant to me I have discussed how I can access them with MAT
- What happens if I need to withdraw or cancel my course
- When I will receive my certificate or statement or attainment

I state that:

- I have been provided with the Higher Level Skills fact sheet prior to making this application
- I do not hold a Certificate IV or higher qualification that was completed outside of high school nor am I currently undertaking training in a Certificate IV or higher qualification
- I consent to allow Medical Administration Training Pty Ltd to obtain further information about my education, studies and results from previous or current study via a A.I.S.S search for the purpose of determining eligibility for government funding
- I am aware of the fees and charges? How much my course will cost, when payment is due and what the Fees, Refunds and Cancellations policy and procedure is
- I have read, understood and agree with all parts of MAT's Student handbook and Complaints and Appeals Policy
- I have been fully informed of and understood my obligations as a student of Medical Administration Training Pty Ltd
- I have been fully informed of and understood the qualification/course that I will be undertaking
- I agree that the RTO may disclose course progression information to any third party that authorised or financed in part or full my course enrolment.
- I agree to the Terms and Conditions of enrolment (as stated in the student handbook)
- I have been briefed about competency based training and assessment
- I know where the classroom venue is located and how to get there (venue students only)
- Credit transfers have been offered and I understand what they are
- RPL has been offered and I understand how and when to apply
- I'll give feedback to help you improve on your services and meet requirements
- All assessment and evidence materials submitted by me to Medical Administration Training will be my own work
- To the best of my knowledge, the information on this form and any supporting documentation supplied by me is true and correct

I declare that I have read, understood, and agree with these statements

Applicant Name:

Date: / /

Signature if completing
Manually

Signature of Parent or
Guardian if under 18

Applicant checkbox	
I have completed the below tasks	
Read and understood Medical Administration Trainings student handbook and student policies	<input type="checkbox"/>
Read and understood the course overview and believe it is right for me	<input type="checkbox"/>
Fully answered all sections of this funding application form	<input type="checkbox"/>
Attached my identification supporting documents for each category	<input type="checkbox"/>
All my identification documents are in Colour and each page signed by a Justice of the Peace	<input type="checkbox"/>
Signed the declaration	<input type="checkbox"/>
Completed the required Language, Literacy and Numeracy Indicator Tool	<input type="checkbox"/>

Please submit your completed application form to:

Medical Administration Training,
PO Box 2145, Strathpine Qld 4500

Or Fax: 07 3889 8030

Or Email: info@medtrain.com.au

Application processing
<p>Thank you for making a Higher Level Skills funding application. <i>This is an application only and does not automatically guarantee you an enrolment into the training program.</i> Should there be any concerns about your funding application or the suitability of the course for you, a student support officer will contact you to discuss.</p> <p>Your application will be assessed by one of our staff members and MAT will make contact with you within 5 business days. If in the meantime you have any questions please do not hesitate to contact us on 1300 887 082 or email us at info@medtrain.com.au</p> <p>If your application is approved you will be emailed an enrolment acceptance form. This form is to be signed and returned to MAT along with the payment of your co-contribution fee within 14 days. Your enrolment will then be fully processed and your course commencement will follow within 5 business days.</p> <p>We look forward to assisting you.</p>