

APPLICATION FOR ENROLMENT

VET in Schools (VETiS)

Before completing this form applicants are required to read the VET in Schools VETiS)

Program Information which can be viewed <https://medtrain.com.au/vet-in-schools-vetis/>

PLEASE NOTE: ALL SECTIONS ARE MANDATORY and must be completed. Otherwise the form **WILL BE RETURNED** for amendment.

STUDENT TO COMPLETE



MEDICAL
ADMINISTRATION
TRAINING

1. ENROLMENT DETAILS

Please enter the stream you would like to study:

- HLT23215 Certificate II in Health Support Services HLT23215 Certificate II in Health Support Services (Administration Stream)

2. PERSONAL DETAILS

Title Mr Miss Date of birth / / Gender Male Female Other

Family name		Previous family name (if applicable)	
Given names			
Home address			
State		Postcode	
Mailing address (if different)			
State		Postcode	
Telephone number (day)	After hours:	Mobile:	
Email address:			

IMPORTANT: Please note this is the email address the outcome of your application will be sent to.

Learning Unique Identifier (LUI)	Current year level:	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12
Unique Student Identifier (USI)	If you do not have a USI, you need to create one at www.usi.gov.au			
Are you of Aboriginal or Torres Strait Islander decent? (tick one box)				
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	<input type="checkbox"/> None of these	
Citizenship status on enrolment				
<input type="checkbox"/> Australian citizen (including Australian citizen with dual citizenship)	<input type="checkbox"/> New Zealand citizen	<input type="checkbox"/> Permanent Resident of Australia	<input type="checkbox"/> Holder of a Permanent Humanitarian visa	
In which country were you born?				
City of birth?				
Do you have a disability, injury, illness or medical condition which may impact on your studies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please indicate the area(s) of impairment				
<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Unspecified <input type="checkbox"/> Medical Condition
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Physical	<input type="checkbox"/> Other (please specify)	

3. DECLARATION

You must sign this declaration otherwise your application will be returned to you.

- I declare that to the best of my knowledge, the information I have provided is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice outlined on the MAT website.
- I confirm that I have enrolled in this course with the consent of my parent/ guardian via my school's subject selection protocols.
- I have read and understood the information provided and wish to participate in Medical Administration Training's VETiS program.
- I am aware I am accessing training funded by the Department of Employment, Small Business and Training and I will only be funded for one employment stream qualification under the VETiS program.
- I have been referred to the information documents relating to the VETiS program (outlined in section 7 of this form)
- I have read and understood my student obligations (outlined in section 10 of this form)
- I agree to give Medical Administration Training permission to search for my USI
- I understand my eligibility will be checked prior to acceptance of enrolment
- I understand that I am undertaking an online course and that phone and internet support will be offered to me during business hours
- I agree that the RTO may disclose enrolment, course progression and misconduct information to my parent/guardian and my school delegate.
- I have attached documentation as evidence of my eligibility for enrolment in the VETiS program (outlined in section 6 of this form)
- I understand that it is a requirement of this funding that upon completion of the training, I will complete a training and employment survey within 3 months of completing or withdrawing.

Applicant's signature

Date: / /

PARENT / GUARDIAN TO COMPLETE

4. PARENT / GUARDIAN DETAILS

Title Mr Miss Mrs Ms Dr Other:

Family name			
Given names			
Home address			
State		Postcode	
Telephone number (day)	After hours:	Mobile:	
Email address:			

- I agree to my child / dependent's involvement in the VETiS program for the course listed
- I declare that I have read and understood the VETiS program information available at <https://medtrain.com.au/vet-in-schools-vetis/>
- I have provided a copy of my child / dependent's (100 point) identity documents
- I am aware my child / dependent is accessing training funded by the Department of Employment, Small Business and Training and will only be funded for one employment stream qualification under the VETiS program.

Parent / guardian's signature	Date: D D / M M / Y Y Y Y
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SCHOOL REPRESENTATIVE TO COMPLETE

5. SCHOOL DETAILS

School currently attending	
Address	
Nominated school contact:	
Nominated school contact position title:	
Email address	Phone

Students VET Qualification Record
VET Qualifications previously attempted (please list):
Outcome of the previously attempted VET Qualification (i.e. Statement of attainment, withdrew etc):
How was the above VET qualification funded?

Principal's declaration: I declare that the above named individual meets the funding eligibility criteria for the VETiS funding. In addition, I have read the VETiS program information which can be viewed at www.medtrain.com.au/vet-in-schools-vetis/. On behalf of the school, I certify that the applicant is a currently enrolled Queensland Year 10, 11 or 12 student capable of, and committed to undertaking study with Medical Administration Training in the VETiS program.

Principal / delegate's signature	Date: D D / M M / Y Y Y Y
Position of Delegate:	

6. IDENTIFICATION DOCUMENTS

ID Documents acceptable to satisfy citizenship and / or residency status (100 points required)

Identification Document Type	Points
Australian birth certificate or passport	100
New Zealand birth certificate or passport	100
Overseas birth certificate or passport or visa	50
Green Medicare card	50
Blue interim Medicare card	10
Reciprocal Medicare card	10
Proof of pathway to permanent residency	40

Please note that your enrolment in the Medical Administration Training VETiS program cannot be processed until all required documents have been received and verified. An incomplete form will be returned to you and may delay your participation in the program.

7. INFORMATION DOCUMENTS

Download the documents referred to below which provide an understanding of your commitment to participating and the support available in the VETiS program.

- Department of Employment, Small Business and Training Vocational Education and Training in School fact sheet (<https://training.gov.au/site/providers/Documents/funded/vetis-factsheet.pdf>)
- VET in Schools student course information (<https://medtrain.com.au/vet-in-schools-vetis/>)
 - Medical Administration Training's Student Handbook (<https://medtrain.com.au/getting-started/>)

8. CHECKLIST

<input type="checkbox"/>	Completed ALL sections of the application form	<input type="checkbox"/>	Parent / Guardian has signed the declaration and read the VETiS program
<input type="checkbox"/>	Applicant has signed the declaration and read the VETiS program information	<input type="checkbox"/>	Copy of Identification documents submitted with the application
<input type="checkbox"/>	Principal / delegate has signed the declaration and read the VETiS program information	<input type="checkbox"/>	Emailed application to info@medtrain.com.au

If you have any queries, please contact us on 1300 887 082

9. IMPORTANT INFORMATION RELATING TO YOUR ENROLMENT

The Department of Employment, Small Business and Training provides funding for school students to complete only one approved VETiS qualification while at school. Therefore, it is important that students and their parents take the time to consider and compare their training options before signing an enrolment form or committing to a course of study which will use up the student's one Queensland Government subsidised VETiS training entitlement.

Students who are eligible for funding and are undertaking their first funded qualification under the VETiS program will not incur any costs. Students and Parents need to be aware that they are undertaking subsidised training within the VETiS program and will not be eligible for further VETiS funding once they have completed a qualification targeted through the VETiS program. Students will be eligible for further subsidised training after they have completed year 12, under programs such as Certificate III Guarantee, Higher Level Skills and Fee tafe for Year 12 Graduates.

10. STUDENT OBLIGATION

Students are required to supply a unique student identifier number (USI) to Medical Administration Training as soon as practical.

Students are required to participate in the creation of 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.

As a student undertaking a qualification funded by the Queensland Government, Department of Education and Training, you will need to take your training seriously. Students will need to progress at a reasonable rate and make all efforts to complete the tasks associated with training. Students are responsible for their progression and to be successful within the qualification will require successful completion of all assessments. Students are also required to complete a survey of their experiences in training within 3 months of completing or withdrawing from the training.

Students are to accept all responsibility and liability for their use of the Medical Administration Training website, social media, third party web links, learning management systems, software or software applications.

11. WHAT HAPPENS NEXT?

After the application has been approved, the student will be enrolled into their course and a Confirmation of Enrolment will be emailed.

12. PRIVACY NOTICE

Under the Data Provision Requirements 2012, Medical Administration Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). You can view our privacy policy in full here <https://medtrain.com.au/getting-started/>

OFFICE USE ONLY

VETiS Funded Approved/Denied:	Date student notified:	Approved by:
Comments:		