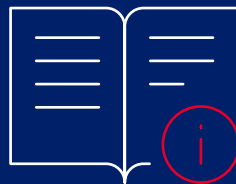
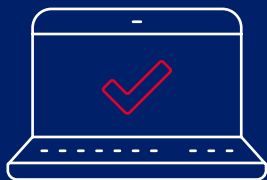


AGDA
AUSTRALIAN GARAGE
DOOR ASSOCIATION

REGISTRATION FORM AND LEARNER AGREEMENT



Registration Form and Learner Agreement

Please ensure you have read the Learners Handbook at www.mibt.edu.au prior to completing your registration.

Personal

Title

Mr Mrs Miss Ms

Family name (Surname)

Given names

Date of Birth (DD/MM/YY)

Gender

Male Female Indeterminate/Intersex/Unspecified

Postal address

Home address (if different from postal address)

Suburb or town

Suburb or town

State

Postcode

State

Postcode

Home telephone

Mobile

Work telephone

Email

Compulsory Unique Student Identifier (USI) Number

(go to www.usi.gov.au)

I give permission to Masters in Building Training Pty Ltd to VERIFY my Unique Student Identifier (USI) based on the details below:

Tick if you agree

My USI Reference Number, My first name and Last Name, and My Date of birth.

Qualification /Statement of Attainment (SOA) Registering into

(AGDA) CPC10111 Certificate I in General Construction

Copy of Photo ID/ Current Safety Induction Card

- ✓ Please attach a high-quality color photo file of your Photo ID (Current driver license or Passport)
- ✓ Please attach a high-quality color photo file of your Medicare card
- ✓ Please attach a high-quality color photo file of your Current Safety Induction Card or Certificate

Current Employment

What is your current occupation _____

Are you engaged full time by someone else?

Are you engaged in part time or casual work by someone else?

Are you or have you been an Australian Apprentice?

Are you someone who engages other people for work?

Are you self-employed?

Are you an unpaid family worker?

Are you unemployed - looking for full timework?

Year reached in apprenticeship

Are you currently networking & looking for part time work?

Are you not working and not looking for work?

Please write down current employer details if applicable.

Trading name

Suburb or town

Contact Name/Position

Email

ABN

State

Postcode

Contact number

Education/Training

What is your highest completed school level?

Year 12 Year 11 Year 10 Year 9 or equivalent Year 8 or below Never attended school

Which year did you complete this school level?

Are you still attending high school?

Yes No

Have you successfully completed any of the following qualifications?

Bachelor Degree or Higher Degree Advanced Diploma or Associate Degree Diploma or Associate Diploma Cert IV or Advanced Certificate

Certificate III or Trade Certificate Certificate II Certificate I What was the name of the qualification(s)? Please specify: _____

Certificates other than above, Please specify: _____

How did you hear about this course? _____

Study Reason

To develop my existing business To gain employment Upgrade my qualifications To try a different career pathway

Requirement for my employment It is a licensing requirement For career, personal development To start my own business

Other reasons _____

Background

City you were born _____

Country you were born, if not in Australia _____

Are you Aboriginal or Torres Strait Islander origin? Yes No

Are you a permanent resident of Australia? Yes No

Are you an Australian citizen? Yes No

Are you an Australian Resident?
(you must have been a resident of Australia for at least 2 years) Yes No

Do you speak a language other than English at home? Yes No If yes, please specify what language: _____

How well do you speak English? Very well Well Not well Not at all

Is English language assistance required? Yes No

Disability if yes, please indicate the area of disability, impairment or long term condition:

Hearing/Deaf Vision Medical Condition Intellectual Learning Physical Mental illness

Other, please specify: _____

If you have any other special need, please specify: _____

Recognition of Prior Learning (RPL)

As this is an industry created and customised course, AGDA prefer participants to participate rather than undertake RPL for the purposes of their industry accreditation process. If you would still like to request RPL please contact David Thompson on 0413 755 733 to discuss.

Review

Please check whether you completed and attached following documents before sending back to us.

- I have filled out all information as required and put initials on every page
- I have attached a color photo file of my Drivers license or Passport
- I have attached a color photo file of my Medicare card
- I have attached a color photo file of my Current Induction Card (White Card)
- I have provided all evidence of current qualifications that may be recognised as "Credit(s)Transfer"
(Authenticated copies must be supplied with this agreement or prior to the Assessment taking place)

Registration Fee

Qualification fee is \$1,800 (GST not applicable) which is broken down over three payments:

1. Non-refundable pre-enrolment fee \$500 once MIBT receive this registration
2. Enrolment fee \$995 once MIBT accept this registration
3. Final enrolment fee \$305 once you have completed the course work for the first 3 units

- Organisation responsible for payment of qualification fee _____
- Organisation contact name for payment of registration fees _____
- I authorise MIBT to charge the qualification fee to the credit card details shown below (Org contact signature) _____

Visa Master Card Number Expire date CVV Number

1. Direct Deposit Details
Masters in Building Training Pty Ltd
ANZBank
BSB:012301
Acc:456626 618

Important information and declaration regarding terms and conditions

1. I declare that the information I have given is true and correct.
2. I understand that Masters in Building Training RTO 40666 is required to submit data sourced from this registration form to the National VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or following third parties for administrative, regulatory and/or research purposes.
 - i. Australian Skills Quality Authority (ASQA);
 - ii. The Department of Education and Community Services NSW or other relevant state authority;
 - iii. Construction and Property Services Industry Skills Council (CPSISC); and
 - iv. The contractors or agents of any of the above organizations;
 - v. Employer- if I am enrolled in training paid by my employer;
 - vi. School- if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship.
 - (a) The purposes of the above disclosure may include:
 - i. Reporting, administration, and evaluation of the Program;
 - ii. Verifying or reporting on my progress in the Program; and
 - (b) ASQA, CPSISC and DEC or relevant state authority may disclose my personal information to another party without my consent where authorized or required by law.
2. I have read through Learners Handbook and confirm that I have read and understood the obligations contained within.
3. I understand that:

The qualification may not, on its own, entitle me to apply for a Contractor's license. Upon successful completion of this qualification I will be issued with the relevant certificate and transcript. The licensing body for the state will determine the issue of the contractor's license.

**For licensing requirements in your state, please refer to the Information kit for Participants & our website; www.mibt.edu.au*
4. The cost of the training/Assessment process has been fully explained.
5. Any re-enrolment process required will incur a re-enrolment fee.
6. I am aware that after the Assessment process further evidence or experience may be required for any assessment evidence gaps.
7. I am aware that any decision made by the assessor can be appealed.
8. I am aware of the requirements relating to workplace evidence collection and have obtained agreement for support from my qualified supervisor (QS).
9. I am aware that there will be a validation process upon completion.
10. I understand that I may receive a National Centre for Vocational Education research (NCVER) student survey.
11. I give permission for Masters in Building Training and their representatives to utilise videos and other photographic materials to be used for promotional and evidence purposes only.

Printed Name: _____

Signature: _____

Date: _____



info@agda.org.au
(02) 9686 1308

