

Instructions on the use of this form

1. All sections must be completed if enrolling in a qualification course and signed in the bottom corner of each page and signature required in Section 8
2. Write neatly; use ticks where required
3. Your enrolment may be delayed if insufficient information is provided
4. Ensure you complete the payment section; ABN required if your organisation is paying

SECTION 1: Personal Details			
Q1	Unique student number/identifier (if known for qualifications only)		
Q2	Date of birth (only required for qualifications) -----/-----/-----		
Q3	Family Name:	Middle Name:	Given Name:
Q4	<input type="checkbox"/> Male <input type="checkbox"/> Female	Q5	Title eg Miss/Ms/Mrs/Mr
Q6	Street Number and Name:		
Q7	Suburb	State	Post Code
Q8	Home Phone	Personal Mobile	
Q9	Is this also your postal address: <input type="checkbox"/> Yes <input type="checkbox"/> No, if No provide postal address in space provided	Postal Address:	
Q10	Personal email address		
Q11	Emergency contact Name, relationship to you and contact number		
Q12	Of the following categories, which BEST describes your current employment status? (Tick ONE box only) <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed-not employing others	<input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment	
SECTION 2: Employer Details (if applicable; required if your organisation is paying for your enrolment)			
Q13	Employers Name		
	Occupation/Job Title:	ABN	
	Street Name:		
	Suburb	State	Post Code
	Work Phone	Mobile	
	Work email address		
SECTION 3: Schooling and previous qualifications achieved			
Q14	Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q15	What is your highest COMPLETED school level? Tick ONE box only		
Q16	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school (go to section 4)	
Q17	In which YEAR did you complete that school level?		
Q18	Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes If YES , then tick ANY applicable boxes below <input type="checkbox"/> No (go to section 5)	
Q19	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above

Qualification Enrolment Form and Payment Plan

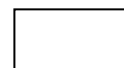
SECTION 4: Language and Cultural Diversity		
Q20	In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other; please specify here:
Q21	Are you an Australian citizen	<input type="checkbox"/> Yes (suitable evidence provided) <input type="checkbox"/> No but have permanent visa status (evidence provided) <input type="checkbox"/> No
Q22	Do you speak a language other than English at home?	<input type="checkbox"/> No, English only (go to question 18) <input type="checkbox"/> Yes, other, please specify here:
Q23	How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Q24	Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

SECTION 5: Disability		
Q25	Do you consider yourself to have a disability, impairment or long-term condition	<input type="checkbox"/> Yes (go to question 20) <input type="checkbox"/> No (go to section 6)
Q26	If yes, then please indicate the areas of disability, impairment or long-term condition (you can indicate more than one area if required).	
	<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
A staff member of MDS Training will contact you to discuss your individual support needs and adjustments you may require.		

SECTION 6: Study Reason		
Q27	Of the following categories, which BEST describes your main reason for undertaking this course/qualification/traineeship? (Tick ONE box only)	
	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

SECTION 7: Recognition of Prior Learning (RPL)	
Course Title:	
I wish to apply for/ find out more information on RPL <input type="checkbox"/> Yes <input type="checkbox"/> No	A representative of MDS Training will contact you to talk about the RPL process or requirements to suit your needs if you indicate Yes.

SECTION 8: My name and signature below indicates I wish to enrol in this course or qualification and that I have read and understood the student handbook (if in a qualification course) and other course information provided to me.		
Name:	Signature:	Date:
Course name:		Online or Face to Face (please circle)



Qualification Enrolment Form and Payment Plan

Payment plans and options

Payment plans are available for all nationally recognised qualifications; **they are not available for any course on the professional development programs.**

MDS Training is able to offer payment plans to help you with costs for your training qualifications. Initially you will need to speak with the Manager MDS Training or Training Coordinator if it is a training qualification to ensure the qualification is an appropriate investment for you. Once you have decided to enrol and wish to access payment options you will need to complete the following:

1. Enrol using the enrolment form
2. Payments can be made using a range of methods; however if you select the option of deposit and equal payments for the course duration these payments across the course **must** come from a credit card. It may also be that the first payment will be adjusted to enable the remaining payments to be of equal value. MDS Training will assist you to calculate your costs if you are unsure. Speak to the Manager or Training Coordinator before you enrol.
3. Select from one of the payment options in the payment section below
 - Your organisation is paying
 - Payment in full
 - Payment of \$1000.00 initially and balance in three months
 - Payment of \$500.00 initially and then equal payments for the duration of your course
 - Payment of \$500.00 initially and then agreed terms

Payment options:

- Your organisation is paying**

You must attach a letter of authority from your organisation clearly stating they will meet all course costs. Once this is received MDS will raise an invoice for your organisation. We require the contact name, position of this person, contact address, contact phone and email along with the ABN and full business name. This applies to short programs and for qualifications. An email is sufficient evidence which contains the above information.

- When you are paying; you can select from any of the methods below for your initial payment (or full payment for short course).**

Once this payment is received your enrolment will be confirmed. If you select any of the options above for initial payments and then balances you must provide credit card details.

You cannot select this method without a credit card.

Methods available include:

Cash Direct Deposit Cheque or Money order Credit Card

Cash

Present at reception at level8/138 Queen St Campbelltown with your completed enrolment form and staff will assist you to access our accounts department

Direct Deposit

Amount \$

Reference: (Your Name)

Account name: Macarthur Disability Services
Bank and Branch: Commonwealth Bank Campbelltown
BSB: 062 517
Account: 28039625

Cheque or Money order

Enclosed is a cheque/money order for \$_____ made out to MDS Ltd

For Direct Debit (DDR) from your nominated credit card please see terms and conditions on final page and complete the details below.



Qualification Enrolment Form and Payment Plan

Deduct full amount (short course) or initial deposit (qualification) on enrolment.

Amount for deposit is \$----- with regular payments of \$_____

Credit Card Details

Card Type: MasterCard Visa (please tick)

Card Number

Amount

	\$
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Expiry Date (mm/yyyy)

CVV Number (3 digit verification number at the back of card)

Cardholder's Name

Cardholder's Signature

Customer Authorisation

If in join name/s both signatures may be required

By signing below, I/we acknowledge that this Direct Debit arrangement is governed by the terms of Authorisation the DDRSA attached to this request. I/We also authorise to verify (if need be) the details of the account with my/our Financial Institution mentioned above and for that Financial Institution to release information to in order to allow it to verify the above account details.

Signature

Signature

Date

Date

Once you have selected a payment method, and completed the enrolment form you can:

1. Fax: Attention MDS Training on 4620 4048
2. Email: training2@mdservices.com.au
3. Post: PO Box 284 Campbelltown NSW 2560

Withdrawal, cooling off period and Refund

The statutory cooling off period in NSW is ten days. MDS will count the commencement of this ten day period from the date the enrolment form is received. No fees will apply if you withdraw your enrolment, in writing, within this time frame. Please note you are responsible for the full enrolment fee if you decide to withdraw after this time. Refund requests can be made (see below for information).

Administration fees apply to all requests for refund, unless written notice ten days is received. Administration fees are:

- \$75 fee for a short course of one or two days duration
- \$250 fee for a qualification scheduled to run weekly, fortnightly, or monthly or over other period of time including distance students **

If a request for a refund is made, outside of the ten days, this may be refused. All requests for refunds will be considered on a case by case basis. Students who have entered into a debt agreement and then find they are unable to commence will need to write to request a refund describing their circumstances. If a refund or cancellation of the debt agreement is agreed to the fee shown above at** will apply. In some circumstances no refund may be applicable, such as withdrawing from a course part way through.

SECTION 10: I have completed all of the above accurately and acknowledge I have read understood the terms of payments, withdrawal, cooling off period and refunds and have spoken to a staff member of MDS Training regarding my individual circumstances.

Name:	Signature	Date
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Qualification Enrolment Form and Payment Plan

OFFICE USE ONLY		
Invoice entered	Line number	
Confirmation email to client	Date sent	
Entered into Wise.net for qualification	Date completed	
Entered into workshop sign on sheet for Professional development	Date completed	

Direct Debit (DDR)
Direct Debit Request

Service Agreement (DDRSA)

1. Direct Debit Obligations:

- (a) By signing the Direct Debit Request, you have requested us to arrange for funds to be debited from your Bank Account or credit card. We will act only on your instructions.
- (b) We will only arrange for funds to be debited from your account as requested in the Direct Debit Request.
- (c) We may vary the arrangement of this Direct Debit Request Service Agreement by giving at least fourteen (14) days notice in writing to Customers.
- (d) We will maintain strict control over the information you provide. We will keep any information pertaining to your Direct Debit Request and financial institution account details, private and confidential.

2. Your Rights:

- (a) You may at your discretion cancel the Direct Debit Request or change your nominated account by simply giving at least fourteen (14) days notice to us before payment is due.
- (b) Customers may elect to stop an individual debit, defer, suspend or change the direct debit arrangements under this request at any time by giving us at least fourteen (14) days notice.

3. Our Commitment to you:

- (a) We will issue a tax invoice to you at least fourteen (14) days prior to each due date. The tax invoice will detail the amount owing at the date of issue.
- (b) Where the date falls on a non-business day, we will draw the amount on the next business day.
- (c) We will not change the amount or frequency of the direct debit arrangement without your prior approval.
- (d) We reserve the right to cancel the payment by Direct Debit if three (3) separate drawings are returned unpaid by your bank or nominated Financial Institution.

4. Your Commitment to us:

- (a) We request that customers ensure their nominated bank account can accept direct debits by contacting their Bank or Financial Institution.
- (b) It is your responsibility to ensure that sufficient funds are available in the nominated account to meet direct debit payments. If direct debit payments are returned unpaid by your nominated Bank or Financial Institution, we will charge a fee to recover any costs incurred by us.
- (c) You should check that your account details are true and correct by verifying the account details against a recent account statement.
- (d) It is your responsibility to advise us if the account nominated by you is transferred or closed.
- (e) You will need to arrange a suitable payment method if the Direct Debit Request is cancelled.

5. Resolution of Complaints or Disputes:

- (a) Any direct debit complaints or disputes should be directed in the first instance to Head Office so that we can resolve your query as soon as possible. Head Office telephone number (02) 4621 8400.
- (b) We will investigate and deal promptly and in good faith with any query, claim or complaint relating to alleged or wrongful debits. We will respond to any complaint within seven (7) days. The bank or financial institution will be advised to reverse any transactions found to be incorrectly debited.
- (c) If a dispute is unresolved, the customer may contact their bank or financial institution to seek a resolution.

6. Definitions:

Account means the account nominated in the Direct Debit Request, held at your Financial Institution from which we are authorised to arrange for funds to be debited;

Agreement means the Terms and Conditions (including BPAY), including the Schedules to those Terms and Conditions, as amended from time to time;

Direct Debit Request means the Direct Debit Request between us and you as amended from time to time;

Financial Institution is the financial institution where you hold the account nominated in your Direct Debit Request as the account from which we are authorised to arrange for funds to be debited;

We means Macarthur Disability Services Ltd and

You mean the Customer/s who signed the Direct Debit Request

- By yourself
- By your financial institution or
- For any other reason

