

TRAINING ENROLMENT FORM

PO Box 696, BELMONT WA 6984
Unit 1, 13 Brennan Way, BELMONT WA 6104

Tel: 1300 668 992
Fax: 08 9479 4677

Email: enquiry@moxi.com.au
ABN: 42 109 534 698

COURSE DETAILS

Title of course: _____
Course Date: _____ Location: _____

PERSONAL DETAILS

Please ensure you complete your personal details accurately and ensure the spelling of your name is as you would like it to appear on your certificate.

1. Enter your full name:
Family Name (Surname) _____
Given Names _____
2. Date of Birth Day/Month/Year _____/_____/_____
3. Sex (*tick ONE box only*) Male Female Job Title: _____
4. What is the address of your usual residence:
Suburb, locality or town _____
Postcode _____
5. What is your postal address:
Building/Property name _____
Flat/Unit number/Street number _____ Street name _____
PO Box or Roadside Delivery Box _____ Suburb, locality or town _____
State/Territory _____ Post Code: _____
Tel: _____ Mobile: _____ email: _____
Special Dietary Requirements: _____

LANGUAGE AND CULTURAL DIVERSITY

6. In which country were you born?
Australia Other - please specify _____
7. Do you speak a language other than English at home?
(*If more than one language, indicate the one that is spoken most often*)
No, English only **English only - Go to Question 9.**
Yes, other - *Please specify* _____
8. How well do you speak English?
Very well Well Not well Not at all
9. Are you of Aboriginal or Torres Strait Islander origin?
(*For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes*)
No Yes Aboriginal Yes, Torres Strait Islander

DISABILITY

10. Do you consider yourself to have a disability, impairment or long-term condition?
Yes No **No - Go to Question 12.**
11. If YES, then please indicate the areas of disability, impairment or long-term condition:
(*You may indicate more than one area*)
Hearing/Deaf Physical Intellectual Learning Mental Illness
Acquired Brain Impairment Vision Medical Condition Other

SCHOOLING

12. What is your highest COMPLETED school level? (*Tick ONE box only.*)
Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent
Year 8 or below Never attended school **Never attended school - Go to Question 14.**
13. In which YEAR did you complete that school level? _____
14. Are you still attending secondary school? Yes No

Please continue completing page 2 of this enrolment form.

PREVIOUS QUALIFICATIONS ACHIEVED

15. Have you SUCCESSFULLY completed any of the following qualifications?

Yes No **No - Go to Question 17.**

16. If YES, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>
Diploma (or Associate Diploma)	<input type="checkbox"/>	Cert IV (or Advanced Certificate/Technician)	<input type="checkbox"/>
Cert III (or Trade Certificate)	<input type="checkbox"/>	Cert II	<input type="checkbox"/>
Cert I	<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/>

EMPLOYMENT

17. Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

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	<input type="checkbox"/>

STUDY REASON

18. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only.)

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	<input type="checkbox"/>

PAYMENT DETAILS

19. Postal Address: _____

State: _____ Post Code: _____

Please debit my: Master Card Visa Card

Card number: _____ Expiry date: _____

Cardholders Name: _____ CVV: _____

Signature: _____

Please invoice my company, Purchase Order number: _____

(Please attach a copy of the purchase order)

I enclose a cheque made payable to MOXI Pty Ltd

Total Cost: \$ _____ (incl. GST)

Please note, full payment will be required prior to attending the course.

Should you require assistance with a payment plan, please call the MOXI Team on 1300 668 992.

TERMS AND CONDITIONS

Cancellation Policy: No cancellation fee will be charged for cancellations received more than 10 working days prior to the commencement of a course. If MOXI has already received full or part payment for the course, the amount will be fully refunded.

Notification less than ten (10) working days prior to a course will result in a cancellation fee of 50% of the full course price. Cancellations made less than five (5) working days prior to the commencement of a course will result in a cancellation fee of the full course price being charged. In the event of MOXI cancelling a course, liability will be limited to the refund of the full course fee only if paid.

If you wish to cancel or reschedule a booking, you must adhere to the following guideline:

Importantly, MOXI must be in receipt of a formal notification of a cancellation or transfer request, in writing, by mail, fax or e-mail, and be confirmed in writing by us.

Access & Equity Policy: MOXI's Access and Equity Policy can be found on the MOXI website at www.moxi.com.au under the downloads section.

Disclaimer: Please be aware that submissions of a Training Enrolment Form is not a guarantee of your booking acceptance and is subject to confirmation by the MOXI Administration Team. Course confirmation letters are distributed 2 - 4 weeks prior to the commencement of the course.

I hereby acknowledge and accept the above conditions of enrolment and cancellation, and confirm that all information provided is true and correct.

Signature: _____ Date: _____

Person responsible for above booking: _____ Email: _____

Tel: _____

INSTRUCTIONS

Please forward this enrolment form to MOXI using any of the following options:

email: enquiry@moxi.com.au

Fax: 08 9479 4677

Post: PO Box 696, BELMONT WA 6984

For any questions, please feel free to contact the MOXI Team on 1300 668 992

Page 2