Training

PO Box 696 Belmont WA 6984

Unit 1, 13 Brennan Way, Belmont WA 6104

Assessing

Management

Auditing

Inspections

Enrolment Form

To register, please complete one form per participant and submit via email to enquiry@moxi.com.au
NOTE: Personal information provided on this form is managed in accordance with the Privacy Act 1988 and remains strictly confidential.

Course Details	The Privacy Net 1988 and remains strictly confidential			
Course Name	Course Cost			
Course Date	Location			
Personal Details				
Family Name (Surname)	ven Names			
Date of Birth//	SI			
☐ Female ☐ Male	Il participants enrolling into an accredited training program MUST provide us ith their USI (Unique Student Identifier) before any Statement of Attainment			
Please nominate special dietary requirements?	r Certificate can be issued. If you do not have a USI please go to <u>usi.qov.au</u> to			
□Vegetarian □Vegan □Halal □Other	apply. Unfortunately restrictions permit us from doing this on your behalf. (This is required for accredited training only – please ASK if you are unsure)			
Job Title	Home Address			
Home Phone	Street Name			
Mobile Phone	Suburb			
Email	State/Country Postcode			
Name of person responsible for booking				
Email Phone				
Terms and Conditions (for more detailed pre-enrolment information please go to www.moxi.com.gu to access our Participant Handbook)				
 commencement of training however, in order to secure a place in a course, payment details must be provided at the time of enrolment. MOXI reserves the right to cancel any course prior to the commencement of training. In the event a course is cancelled, no fee is payable. Clients must advise MOXI of their intention to cancel an enrolment. Notification must be in writing, addressed to the MOXI Office Manager and email to enquiry@moxi.com.au. A cancellation request should only be presumed successful if you have received an email confirming this. Cancellation notice: More than 10 working days attracts no cancellation fee; less than 10 days attracts 50% cancellation fee; once training has commenced, no refund options are available. In instances where the cancellation is deemed to be beyond the participant's control, enrolment may be allocated to another person or transferred to another course without attracting a cancellation fee. Individual circumstances will be considered fairly and the outcome of each will be determined on merit. All decisions are at the discretion of the MOXI Office Manager. Credit Transfer & RPL: Please refer to the MOXI Participant Handbook or contact our office to determine if you are eligible. Disclaimer: Please be aware that submission of an Enrolment Form is not a guarantee of booking acceptance and is subject to confirmation within 3 days. A separate Course Confirmation letter is emailed to all participants or employers 2 - 4 weeks prior to the scheduled course date. 				
Payments				
Credit Card Number / /	Expiry:/ CVV:			
Cardholders Name	Signature			
OR Invoice my Employer Company Name	Purchase Order # (attach copy)			
Company Postal Address	Suburb			
State/Country	Post Code			
I hereby acknowledge that I have read and accept the terms & conditions of enrolment as detailed above and I have been made aware that further information regarding my enrolment is available in the <i>MOXI Participant Handbook</i> . If my course is paid for by my employer, I understand my results are released to my employer. I confirm all information given by me is true and correct.				
Signed	Date			

Tel: 08 9479 3841

Tel: 1300 668 992

ABN: 42 109 534 698

enquiry@moxi.com.au

Language and Cultural Diversity			
In which country were you born?	Australia	☐ Other sp	pecify
Do you speak a language other than English at home?			
☐ No, English only (go to disabili	ty section)	☐ Yes, Oth	ner specify
How well do you speak English?	☐ Very Well	☐ Well	☐ Not well ☐ Not at all
Are you of Aboriginal or Torres S	trait Islander orig	gin?	
☐ No ☐ Yes,	Aboriginal	☐ Ye	es, Torres Strait Islander
Disability		<u> </u>	
	•	_	m condition? (You may indicate more than one)
·	ing/Deaf	☐ Physical	☐ Intellectual
U	tal illness ical condition		l brain impairment ultiple disabilities
Education	carconattion	- Other Wi	unipie disabilities
What is your highest completed	school level?		
,	☐ Completed Yea	r 8 or lower	☐ Completed Year 9
	☐ Completed Yea		Completed Year 12
In which year did you leave scho	ol?	OR	
Are you still attending secondary	school?	☐ Yes	□ No
Have you successfully completed any of the following qualifications?			
☐ Yes (please tick any applicable boxes below) ☐ NO (Go to the employment section)			
☐ Bachelor Degree or Higher De	gree	☐ Ce	ertificate III (Trade)
☐ Advanced Diploma or Associa	te Degree	☐ Ce	ertificate II
☐ Diploma (or associate Diploma	a)	☐ Ce	ertificate I
☐ Certificate IV (or Advanced Ce	rtificate/Technic	ian) 🔲 Ce	ertificate other than the above
Employment			
		=	t employment status? (Tick one box only)
☐ Full-time employee			npaid worker in a family business
□ Part-time employee□ Self-employed – not employin		• •	- seeking full-time work - seeking part time work
Employer	_	• •	– not seeking employment
Study Reason	_ 110	or employed	not seeking employment
Of the following categories, which best describes your main reason for undertaking this			
course/traineeship/apprenticesh		•	S
☐ To get a job		☐ To deve	lop my existing business
☐ To start my own business		☐ To try fo	or a different career
☐ To get a better job or promoti	on	☐ It was a	requirement of my job
☐ I wanted extra skills for my job		☐ To get into another course of study	
☐ For personal interest or self-d	evelopment	Other re	easons
Declaration			
I certify that all information provided by me is true and correct. I understand and consent to the statistical information collected above be provided to any relevant and duly authorised State and/or Commonwealth agencies as well as part of RTO compliance to meet NCVER mandatory reporting requirements for the collection of AVETMISS data for all VET accredited training.			
Signed			Date