

PRE-ENROLMENT APPLICATION - VICTORIA

Which Qualification are you enrolling in?

Qualification Code:
Qualification Title:

Personal details

First Name		Surname	
Address			
Suburb		Postcode	
Home Phone		Mobile	
Date of birth		Current Age	
Gender (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Prior Qualifications

<p style="text-align: center;">Have you successfully COMPLETED any of the following qualifications? (please tick)</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>							
Bachelor Degree		Advanced Diploma		Diploma		Certificate I	
Certificate II		Certificate III or Trade Certificate		Certificate IV		Any other Certificate	
<p>Please provide details of the qualifications (including course codes) below:</p> <p style="text-align: center; margin-top: 20px;"><i>You will be required to provide MEGT Institute with copies of all prior qualifications at the time of enrolment.</i></p>							

Citizenship/Residency Status

I am (please tick one)

1	Australian Citizen		4	Holder of a Permanent Visa	
2	Holder of Special Category Visa (sub-class 444)		5	East Timorese Asylum seeker	
3	Holder of Temporary Protection Visa		6	Holder of a Permanent Visa	

Proof of Identity

Please provide a copy of your Proof of Identity (inclusive of photo).

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Declaration

I declare that the information provided within this application is true and correct. I understand that MEGT Institute reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information provided by me. Failure to disclose correct information may result in having to repay all or part of costs to MEGT Institute.

I give permission for the information contained in the enrolment form to be released to Skills Victoria using the Australian Vocational Education and Training Information Statistical System (AVETMISS) for statistical purposes only.

Document type:	
Accepted by (copy attached): Print name	
Signature:	
Date:	

Student Name	
Student Signature	
Date	
If you are under 18 years of age, this document must be signed by a Parent/Guardian.	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	

OFFICE USE ONLY

Date received		Processed by:	
Funding Code:		Category:	
Training Manager approval:		Date:	
		DELTA?	