

APPLICATION FORM - Leadership in Action

To apply for selection in MHCC's Leadership in Action program for the
Advanced Diploma in Community Services Management

When completed please email to training@mhcc.org.au or fax this form to 02 9810 8145
Or post to: PO Box 668 Rozelle, 2039 For further information phone 02 9555 8388 x 106

I am interested in applying for Leadership in Action in 2010 for the following course:

- Leadership in Action – Managers 2 years or less experience**
- Leadership in Action 'Express' – Managers 2 years or more experience**

Applicant's Details

Surname: _____

Given Names: _____

Address _____

State _____ Postcode _____ Male Female

Tel (H): _____ Tel (W): _____

Tel (M): _____ Fax _____

Email _____

Date of Birth: _____ Driver's Licence number: _____

Employer _____ Position _____

Will you need any special support or assistance during training or assessment? Yes No If Yes specify _____

How many years experience do you have in leadership or management?		_____ years	
Are you currently in a leadership or management role?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: How long for?	_____
Please briefly explain why you would like to complete this program			

By completing and returning this form you are consenting to the collection of this personal information for the provision of training and assessment services. Please refer to the MHCC confidentiality and privacy policy. In completing this enrolment form you are allowing MHCC to disclose information to your employer regarding your attendance at training, completion of assessment tasks and results and additional support you may require. If you do not wish this information to be provided to your employer please advise MHCC in writing. I have read the MHCC Participant Handbook and understand my rights and responsibilities.

Signature: _____ **Date:** _____

Employment Status

Of the following categories, which BEST describes your current employment status?

- | | | |
|--|---|--|
| <input type="checkbox"/> Full time Employee | <input type="checkbox"/> Self-employed (not employing others) | <input type="checkbox"/> Unemployed - seeking part time work |
| <input type="checkbox"/> Part time Employee | <input type="checkbox"/> Employed - unpaid family worker | <input type="checkbox"/> Not employed - not seeking employment |
| <input type="checkbox"/> Employer (own business) | <input type="checkbox"/> Unemployed - seeking full time work | |

Education

What is your highest completed school level?

- Year 9 or lower Year 10 Year 11 Year 12

In which YEAR did you complete that school level? _____

Have you completed any of the following recognised qualifications (please select both category & type)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Vocational education & training qualification | | |
| <input type="radio"/> Certificate II | <input type="radio"/> Certificate IV | <input type="radio"/> Advanced Diploma |
| <input type="radio"/> Certificate III | <input type="radio"/> Diploma | <input type="radio"/> |
| <input type="checkbox"/> University qualification | | |
| <input type="radio"/> Undergraduate Degree | <input type="radio"/> Masters Degree | <input type="radio"/> Doctorate |
| <input type="radio"/> Graduate Certificate | <input type="radio"/> Graduate Diploma | <input type="radio"/> Other |
| <input type="checkbox"/> Other qualification | | |

Please provide the name of the qualification/s & date/s obtained?

Cultural Background

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Were you born in Australia? Yes No

If no, what was your country of birth?: _____

Do you speak a language other than English at home? Yes No

If yes, which language do you usually speak?

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

Do you require any language, literacy or numeracy assistance? Yes No

Disability

Do you consider yourself to have a disability? Yes No

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sensory | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Other |
| <input type="checkbox"/> Intellectual | |

Terms and conditions

Depending on the circumstances, refunds (less a 25% administration charge) may be available for the first 1 month after enrolment in the qualification. After that point payments for training and assessment will only be refunded in exceptional circumstances. Participants in exceptional circumstances can make application for special consideration to the Manager of MHCC's Learning and Development Unit.

Payment Process

Name of organisation or individual who will be paying for this qualification: _____

Payment Detail (complete if relevant)			
Payment Type:	<input type="checkbox"/> Member	<input type="checkbox"/> Non-member	Total Amount \$ _____
Payment Method	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Invoice <i>(organisations only)</i>	<input type="checkbox"/> Cheque Cheque No _____
Name on Card	_____	Card Holder Signature	_____
Credit Card Number	_____	Expiry ____/____	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard

Disclaimer : MHCC reserves the right to discontinue/cancel or vary course and assessment arrangements without notice and at its discretion. However MHCC will try to avoid or minimise any inconvenience to participants. Please refer to the MHCC website for the latest course information: www.mhcc.org.au.