



PARTICIPANT ENROLMENT FORM
To enrol in all or part of the
Certificate IV in Mental Health Work (Non Clinical) CHC41102

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

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? No Yes If Yes specify _____

How I want to complete this qualification:

<input type="checkbox"/> Course pathway <i>Most suited to someone with no qualification and little experience. This option includes training, assessment and workplace based projects.</i>	<input type="checkbox"/> Member \$2,400	<input type="checkbox"/> Non member \$3,600
<input type="checkbox"/> Blended Pathway (RPL and Training)¹ <i>Most suited to someone with some qualifications and experience who needs to attend some training. This option includes collection of evidence, training and assessment.</i>	<input type="checkbox"/> Member \$1,200	<input type="checkbox"/> Non member \$1,800
<input type="checkbox"/> Full RPL <i>Most suited to an experienced worker who may have some qualification/s. This option includes collection of evidence eg work documents and may also include completion of assessment tasks. (Individual units only)</i> <i>All prices are subject to change without notice.</i> <i>This fee structure does not apply to Traineeships(refer to Terms and Conditions)</i>	<input type="checkbox"/> Member \$1,000	<input type="checkbox"/> Non member \$1,500

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. I have read the MHCC Participant Handbook and understand my rights and responsibilities.

Signature: _____ **Date:** _____

¹ Refer to Terms and conditions.

If you intend to or are undertaking a Traineeship you must to complete the following questions.

Employment Status

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

- Full time Employee
- Part time Employee
- Self-employed (not employing others)
- Employer
- Employed - unpaid family worker
- Unemployed - seeking full time work
- Unemployed - seeking part time work
- Not employed - not seeking employment

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)?

- Vocational education & training qualification
 - Certificate II
 - Certificate III
 - Certificate IV
 - Diploma
 - Advanced Diploma
 -
- University qualification
 - Undergraduate Degree
 - Graduate Certificate
 - Masters Degree
 - Graduate Diploma
 - Doctorate
 - Other
- 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

- Sensory
- Physical
- Intellectual
- Psychiatric
- Other

PREVIOUS QUALIFICATIONS/COURSES YOU HAVE COMPLETED

To assist with your enrolment please attach copies of the transcripts of any relevant qualifications you may hold eg. relevant Certificates and Diplomas, Vocational Graduate Certificates or Vocational Graduate Diplomas and or higher education qualifications

As part of the national training system it is sometimes possible to gain national recognition for specific national units of competency that were completed as part of another qualification. An assessor will review the units you have already completed to see if any of them provide you with credit in CHC41102 Certificate IV in Mental Health Work (Non Clinical).

If you are granted credit the assessor will need to sight the original copy of the qualification prior to finalising the qualification. Please **do not** send originals of qualifications/transcripts with this application.

Note TAFE uses its own unit names and coding which cannot be easily mapped against National Codes. If Certificates and/or Diplomas are TAFE issued please ensure that you include the final transcript which identifies units completed by National Competence code (eg these codes look like CHCCOM3C as opposed to TAFE code 4341A).

Please list the transcripts you have attached:

Name of Course

Terms and conditions

Depending on the circumstances, refunds (less a 25% administration charge) may be available for the first 3 months 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 MHCC’s Learning and Development Unit Manager.

Blended pathway costs start at \$1200. The exact pricing will be determined by the balance of RPL, Assessment and course units selected. If a participant wishes to enrol for 7 or more units in the course and assessment pathway they will be deemed to be pursuing a course pathway and the fees will reflect that.

For participants who are eligible for an existing worker traineeship incentive a standard fee of \$3000 will apply regardless of the pathway chosen.

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 <small>(organisations only)</small>	<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.