

MPAQ Course Enrolment Form

IMPORTANT - Please choose one document from each category below and email to training@mpaq.com.au with your enrolment form:

- ID 1 - Passport, Birth Certificate or Medicare Card
- ID 2 - Drivers Licence or Rates Notice

Please note, the above identification is required if you aren't eligible for CSQ Funding. Please refer to Page 4 of this document for Eligibility Requirements and Identification for CSQ Funding.

PLEASE PRINT IN BLOCK LETTERS - ALL QUESTIONS ARE MANDATORY

Unit Code/Unit Name: _____

Location, Date & Time: _____

1. DO YOU HAVE A UNIQUE STUDENT IDENTIFIER (USI)?

☐ Yes (Please provide) USI (10 digits) _____

☐ No/Unsure, I authorise MPAQ to undertake verification and/or USI searches as well as create a USI on my behalf (you must identify your town of birth on page 2)

2. STUDENT DETAILS (Please read all field names carefully)

Title (please select one): ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr Other: _____

Family name (surname): _____

First given name: _____ Second given name (middle): _____

(The name that you enter will appear on your certificate upon completion - please spell your name correctly and also ensure that it matches your photo identification and the name you used to create your Unique Student Identifier (USI))

Residential Address (mandatory): _____

Suburb: _____ P/Code: _____

Postal Address (This must be a P.O Box or left blank): _____

Suburb: _____ P/Code: _____

Telephone: _____ Mobile: _____ Date of Birth: _____

Student Email **(mandatory)**: _____

(This must NOT be a workplace email address)

Gender: ☐ Male ☐ Female ☐ Other

Are you a licensed plumber? ☐ Yes ☐ No Plumbers Licence No.: _____

Emergency Contact: _____ Telephone: _____

3. COMPANY DETAILS (Must be completed to ensure member pricing can be allocated)

Company Name: _____ MPAQ Member No.: _____

Postal Address: _____ Suburb: _____ P/Code: _____

Telephone: _____ Mobile: _____ Fax: _____

Employer Name: _____ Employer Email: _____

(Please ensure this is the best contact for MPAQ in relation to the student's enrolment and course details)

THIRD PARTY AUTHORITY

☐ I authorise a copy of my Certificate and/or Statement of Attainment to be provided to:

Name or Name of Organisation: _____

Email address of the person or organisation : _____

Student Signature: _____



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4. STATISTICAL INFORMATION (Please ensure answers are provided for all questions)

*Please note - This information is provided anonymously to the Australian Government and is mandatory for anyone undertaking training

LANGUAGE, CULTURE AND DISABILITY

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

In what town were you born? _____

In which country were you born? ☐ Australia ☐ Other - please specify: _____

Do you speak a language other than English at home?

☐ No, English only ☐ Yes, other - please specify: _____

How well do you speak English? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

Do you consider yourself to have a disability, impairment or long-term condition?

☐ No ☐ Yes, please select one or more below

☐ Vision ☐ Hearing/Deaf ☐ Physical ☐ Medical Condition

☐ Learning ☐ Mental Illness ☐ Acquired Brain Impairment ☐ Intellectual

☐ Other, please specify: _____

Do you have a medical condition which your trainer should be aware of?

EDUCATION

What is your highest completed school level?

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent

☐ Year 8 or lower

☐ Never attended school

Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No

If no, in what year did you complete this school level? _____

Have you successfully completed any of the following qualifications? (please tick ANY applicable boxes)

☐ No (please go to next question)

☐ Bachelor Degree or Higher Degree

☐ Certificate I

☐ Certificate IV (or Advanced Certificate/Technician)

☐ Advanced Diploma or Associate Degree

☐ Certificate II

☐ Diploma or Associate Diploma

☐ Certificate III (or Trade Certificate)

☐ Other education (including certificates or overseas qualifications not listed above)

EMPLOYMENT DETAILS

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

☐ Full-time employee

☐ Part-time employee

☐ Self Employed - employing others

☐ Self Employed - not employing others

☐ Employed - unpaid worker in a family business

☐ Not Employed - Not seeking employment

☐ Unemployed - seeking full-time work

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

☐ Unemployed - seeking part-time work

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course? (Please tick ONE only)

☐ To get a job

☐ To get a better job or promotion

☐ Personal interest or self-development

☐ To develop my existing business

☐ It is a requirement of my job

☐ To start my own business

☐ I wanted extra skills for my job

☐ To try a different career

☐ To get into another course of study

☐ To get skills for community/voluntary work

☐ Other reasons



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5. DECLARATION

Cancellation Policy: All cancellations must be made in writing. Cancellations made 30 days or more prior to the course will be refunded minus an admin fee equal to 10% of the total enrolment fee. For cancellations made within 30 days and before 14 days prior to the course, the enrolment fee will be credited to your MPAQ account for use within twelve months on another training course, minus an administration fee equal to 10% of the total enrolment fee. Cancellations made 14 days or less prior to the course will not be refunded. No refunds or credits will be issued for participants who fail to attend and/or achieve competency. If MPAQ cancels the course, your fees can be transferred to the next available course or refunded in full.

☐ I have read and agree to all MPAQ Training Terms & Conditions within the Student Handbook and on this enrolment form.

I declare that the information I have provided to the best of my knowledge is true and correct. I authorise MPAQ to undertake verification and/or USI searches on my behalf.

I have read and agree to the privacy information and terms and conditions outlined in the student handbook.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice outlined in this enrolment form and understand that student records will be retained as required by MPAQ and I consent to that occurring.

I acknowledge that I have received sufficient information to make an informed decision about my program of study.

Student Signature: _____ Date: _____

6. PRIVACY NOTICE

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education,

including surveys and data linkage

- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.desegov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact MPAQ to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

☐ Please tick to opt out of future MPAQ marketing.

☐ Please tick to opt out of contact details being used for MPAQ membership recruitment purposes.

For further information please contact the MPAQ Training team on 07 3273 0800 or refer to the <http://bit.ly/MPAQ-RTO-Privacy>.

PLEASE CONTINUE TO THE NEXT PAGE IF YOU WISH TO APPLY FOR SUBSIDY FROM CONSTRUCTION SKILLS QUEENLAND



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CSQ Student Subsidy Declaration

ONLY REQUIRED FOR STUDENTS WISHING TO APPLY FOR THE CSQ SUBSIDY

Participants must provide proof of eligibility to access this subsidy and must check off all boxes to be eligible. Required Identification must be submitted along with this form.

Eligible participants under this program:

1. Have the right to work in Australia and must meet one of the criteria below:

- ☐ an Australian or New Zealand citizen (**YOU MUST** include a Green Medicare Card (Current) or My.gov - Medicare Snapshot; Australian or New Zealand Passport, or Australian or New Zealand Full Birth Certificate or Extract); or
- ☐ a permanent resident of Australia (**YOU MUST** include a Certificate of Evidence of Residence Status); or
- ☐ a Visa holder with relevant permission to work. (**YOU MUST** include a VISA or Employer Letter)

2. Permanently work in Queensland and must meet one of the criteria below:

- ☐ an eligible worker (**YOU MUST** include a Current QBCC Licence, A letter from your employer, signed and on company letterhead and stating your current role and employment) or a QLeave Building and Construction Member Statement; or
- ☐ self-employed (**YOU MUST** include a Current QBCC Licence or ABN/CAN registration showing ownership) or a QLeave Building and Construction Member Statement; or
- ☐ an unemployed eligible worker (not greater than 4 years), (**YOU MUST** include a current QBCC Licence or Separation Certification) or a QLeave Building and Construction Member Statement; or
- ☐ *an active apprentice or trainee registered in Queensland as per CSQ approved apprenticeship or traineeship (**YOU MUST** include an Employer Letter or DESBT Commencement Letter to verify commencement date, registration number and qualification); or
- ☐ *a cancelled apprentice or trainee who was undertaking a CSQ approved apprenticeship or traineeship that has been cancelled and is currently accessing State Government funding to complete their institution-based training (**YOU MUST** include DESBT Cancelled apprentice training approval advice); or
- ☐ a Workcover participant (**YOU MUST** include a current Queensland Workcover Certificate and as be an eligible worker as per definition)

3. and must not be:

- ☐ an employee of any Authority (Local Council workers may be eligible where they are undertaking duties for building and construction work and meet eligible worker criteria, some exemptions apply);
- ☐ or currently enrolled and participating in a school program; or
- ☐ or a contracted trainer and assessor or existing worker of an RTO; or
- ☐ or already funded by an Authority or other such source for delivery of the same training being undertaken as part of this program; or
- ☐ or undertaking more than 8 units of competency in the Short Courses Program;
- ☐ or a participant seeking a verification of competency

Did you pay for this course? ☐ Yes ☐ No

Please enter the payee details below, this will assist us to distribute funding quickly*

Account Name: _____ BSB: _____ Account No.: _____

*Please note that you must provide your banking details at enrolment to receive your CSQ refund.

By applying for the CSQ Short Course Program funding, I understand and consent that any training and assessment materials may be provided to CSQ upon request to verify my participation in this course. I understand that CSQ may be required to contact me for the purposes of, including, but not limited to a review and conducting destination surveys. By signing this document, I consent I have read and understood the conditions and certify that all provided details are true.

Student Name: _____

Student Signature: _____ Date: _____

☐ I have included all relevant ID and understand that not providing the relevant ID will result in the CSQ Subsidy application being unable to be submitted for approval.



DEFINITIONS

Eligible participant means:

- a participant who has the right to work in Australia and is an eligible worker or unemployed eligible worker in Queensland

AND MUST NOT BE

- an employee of an Authority (Employees of Local Councils are acceptable);
- currently enrolled and participating in a Queensland secondary school program (school-based Apprentices and Trainees are acceptable);
- a contracted trainer or assessor or existing worker of an RTO;
- funded by an Authority or such other source for delivery of the same Training being undertaken as part of this Program;
- those Participants seeking a Verification of Competency (or Determination of Competency) services under this Agreement.

To be eligible to receive the Apprentice Advance Loading, participants must be:

- an apprentice or trainee undertaking an CSQ approved apprentice or traineeship; or
- an eligible worker or unemployed eligible worker in the first year out of their CSQ approved apprentice or traineeship who must commence training within 365 days of the completion date in DELTA; or
- a cancelled apprenticeship or trainee who is undertaking a CSQ approved apprentice or traineeship that has been cancelled and they are currently assessing State Government funding to complete their institute-based training

AVAILABLE FUNDING

Construction Skills Queensland is an independent, not-for-profit, industry-funded body supporting employers, workers, apprentices, trainees and career seekers in the building and construction industry.

Construction Skills Queensland's (CSQ) Short Courses Program, runs from 1 October 2022 to 30 September 2023.

Below is a list of the short course unit codes and names and the maximum funding amount available to eligible participants:



SUBSIDY AMOUNT *Please note - the full subsidy amount is passed onto eligible students. MPAQ does not retain any portion of the subsidy.

COURSE CODE	COURSE TITLE	MAX FUNDING AVAILABLE PER PARTICIPANT
BSBESB402	Establish Legal and Risk Management Requirements of New Business Ventures	\$360.00
CPCPCM4012	Estimate and Cost Work	\$421.00
CPCPCM4011	Carry Out Work-Based Risk Control Processes	\$434.00
CPCPGS4011	Design and Size Consumer Gas Installations	\$480.00
CPCPGS4022	Service Type A Gas Appliances	\$750.00
CPCPWT4022	Commission and Maintain Backflow Prevention Devices	\$467.00
CPCPWT4023	Commission and Maintain Hot & Heated Water Temperature Control Devices	\$358.00
LMBWS	Legionella management in building water systems (non-accredited)	\$288.00
QLD334SWH01A	Evaluate and plan the installation of solar water heating systems (non accredited)	\$375.00
CMBPDRV001	Revalidation Course Commission and Maintain Backflow Prevention Devices (non-accredited)	\$208.00

PLEASE SEND ENROLMENT FORM, ID AND ACADEMIC TRANSCRIPTS (IF APPLICABLE) TO TRAINING@MPAQ.COM.AU OR POST TO PO BOX 419, ACACIA RIDGE QLD 4110



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