

APPLICATION FORM

Student ID: _____

Delta ID: _____

Enrolment Date: _____

SELECT YOUR COURSE

Hairdressing

- SHB20216 Certificate II in Salon Assistant
- SHB30416 Certificate III in Hairdressing
- SHB30516 Certificate III in Barbering
- SHB40216 Certificate IV in Hairdressing
- SHB50216 Diploma of Salon Management

Beauty Services

- SHB30115 Certificate III in Beauty Services
- SHB40115 Certificate IV in Beauty Therapy
- SHB50115 Diploma of Beauty Therapy

Nails

- SHB30315 Certificate III in Nail Technology

Make Up

- SHB20116 Certificate II in Retail Cosmetics
- SHB30215 Certificate III in Make-Up

Short Courses

- Perform Manicure and Pedicure
- Perform Waxing treatments
- Brazilian Waxing
- Eyelash Extensions & Perming
- Hair Extensions
- Hair styling
- Acrylic Nail enhancement

- Bridal Hair & Make-up
- Cosmetic tattooing
- Provide Facial treatments
- Spray Tanning
- Provide Body Massage
- Ears Piercing
- UV Gel Nail enhancement

SECTION 1: PERSONAL DETAILS

Mr

Mrs

Ms

Miss

Other

Given Name: _____

Surname: _____

Date of birth: ____/____/____

Sex: Male

Female

Home Address: _____ Suburb: _____ Postcode: _____

Postal Address: _____ Suburb: _____ Postcode: _____
(if different from above)

Home phone number: _____ Mobile number: _____

Email address: _____

Emergency Contact Name: _____ Relationship: _____ Emergency Contact No. _____

SECTION 2: LANGUAGE, CITIZENSHIP & CULTURAL DIVERSITY

Country of Birth: Australia Other- please specify: _____

Town/City of Birth: _____

What is your citizenship status (evidence of citizenship will be required)?

- Australian citizen
- Permanent Resident
- Holder of a Temporary Protection Visa
- East Timorese asylum seeker
- Other, please specify: _____

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

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

Do you speak a language other than English at home? No, English only Yes, please specify: _____

SECTION 3: DISABILITY, IMPAIRMENT OR LONG TERM MEDICAL CONDITION

Do you consider yourself to have a disability, impairment or long term medical condition? No Yes

If 'Yes', please specify below ALL conditions that apply to you;

- Physical Hearing/ Deafness Intellectual Learning Mental illness
 Vision Acquired brain impairment Other, please specify: _____

Do you require assistance from the college because of your disability? No Yes

To participate in Beauty Therapy courses, please indicate if you suffer from any of the following;

- Allergies Skin diseases Epilepsy Pregnancy Diabetes Other: _____

SECTION 4: PREVIOUS EDUCATION & SCHOOLING

Are you still attending Secondary school? Yes No

What is your highest COMPLETED school level? (tick ONE box only);

- Completed Year 12 Completed Year 11 Completed Year 10 Completed Year 9 or equivalent
 Completed Year 8 or below Never attended school

What year did you complete that school level? _____

Have you successfully COMPLETED any of the following qualifications? Yes No

If 'Yes', tick the applicable boxes:

- Bachelor Degree or Higher Degree Advanced Diploma or Associate Degree Diploma or Associate Diploma
 Certificate IV or Advanced Certificate or Technician Certificate III or Trade Certificate Certificate II
 Certificate I Other Certificate

Did you complete this qualification in Australia? Yes No: Country of qualification: _____

If No, has the qualification been formally recognised in Australia? Yes No

SECTION 5: EMPLOYMENT

Please select ONE of the following that best describes your current employment status:

- Full-time employee Part-time employee Employed- unpaid worker in a family business
 Employer Self-employed Unemployed- seeking full-time work
 Unemployed- seeking part-time work Not employed- not seeking work

(If unemployed, please continue to Section 6, otherwise, please continue below).

Please select ONE of the following classifications that BEST describes your current or recent occupation?

- Professional services Sales Manager Labourer Other
 Technician/ Trade worker Community/ Personal services Machine Operator/ Driver
 Clerical/ Administration

Please select ONE of the following classifications that BEST describes the INDUSTRY of your current or recent occupation?

- Agriculture, Forestry and Fishing Education and Training Health care/ Social Assistance
 Electricity, Gas, Water and Waste services Retail Trade Wholesale Trade
 Construction Transport, Postal, Warehousing Administrative and Support services
 Accommodation & Feed services Financial/ Insurance services Information, Media & telecommunications
 Rental/ Hire/ Real Estate services Public Administration & Safety Arts and Recreation services
 Professional, Scientific and Technical service Other Mining
 Manufacturing

SECTION 6: STUDY REASON

Please select **ONE** of the following that **BEST** describes your reasons for undertaking your chosen course:

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> Change in my career path |
| <input type="checkbox"/> To advance my job opportunities | <input type="checkbox"/> Requirement for my current job |
| <input type="checkbox"/> Improve/ develop my skill set | <input type="checkbox"/> Personal interest/ self-development |

Other reasons: _____

SECTION 7: RECOGNITION OF PRIOR LEARNING

- I have previously completed units in another school and would like to apply for a Credit Transfer (CT) -
(Provide evidence of equivalent competencies from a nationally recognised Statement of Attainment or Qualification)
- I would like to apply for Recognition of Prior Learning (RPL)
(A separate process will be conducted to apply for RPL)

SECTION 8: VICTORIAN STUDENT NUMBER (VSN)

Enter your Victorian Student Number (VSN):

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(continue to section 11 if you have provided a VSN) If you have not provided a VSN, please select **ONE** of the following;

- I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.
- I have attended a Victorian school since 2009, the name of the school is _____
- I have participated in training at a TAFE or other VET training organisation since the beginning of 2011.

List the 3 most recent training organisations with which you have participated in training since 2011:

1. _____
2. _____
3. _____

SECTION 9: UNIQUE STUDENT IDENTIFIER (USI)

Do you have a Unique Student Identifier (USI)? Yes, please specify

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(Continue to section 12 if you have provided your USI)

If you do not have a USI, please select from below;

- I will create a USI for myself by going to www.usi.gov.au (This is compulsory)
- I understand that if I do not provide the College with my USI, they cannot issue any certificate or statement of attainment.
- I give permission for the College to check/ apply for a USI on my behalf if I do not provide them with one when I begin my course.
(If you are seeking to enrol in a government subsidised training program, you **MUST** have a USI before you begin your training.)

SECTION 10: COURSE MODE & STUDY SUPPORT

Please select the course load that you are seeking to enrol in:

Full Time

Part Time

Please select the type of program that you are seeking to enrol in:

Fee For Service (Fees to be paid by the student) Government Subsidised (VTG Subsidised)

Please select the delivery mode that you are seeking to enrol in:

Face to Face

Employment based

Apprenticeship

Traineeship

Please provide your employer details (if relevant):

Organisation Name		
Street/lot Number:	Street Name	
Suburb	Post code	State
Email	Work Phone	Mobile Phone
Contact Person Surname	Contact Person Name	

Please provide your Apprenticeship Centre details (if relevant):

Organisation Name		
Street/lot Number:	Street Name	
Suburb	Post code	State
Email	Work Phone	Mobile Phone
Contact Person Surname	Contact Person Name	

Have you been referred by a Job Seeker Agency?

Yes

No

If yes, have you submitted the original referral letter to NAHB?

Yes

No

Are you a Commonwealth Health Care Card or Concession Card holder (or dependant on a Card holder)?

Commonwealth Health Care Card (or dependant on a Card holder)

Concession Card (or dependant on a Card holder)

No

I am a Job Seeker with an Employment Services Provider and/ or I am participating in the Commonwealth Government's Community Development Employment Program and/ or Access Program (*please provide original Job Seeker Referral form*)

Are you a holder of a Permanent Humanitarian Visa in Australia?

No

Yes: Visa Number: _____

Other than the course for which this application is made:

How many Government subsidised courses have you commenced or scheduled to commence in the current year? _____

How many Government subsidised courses are you currently undertaking? _____

Do you require an Au Study Support letter?

Yes

No

Do you require a Centrelink letter?

Yes

No

SECTION 11: PRIVACY STATEMENT

I understand that the National Academy of Hair and Beauty is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines- (<http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>)

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department - endorsed project or audit or review.

The *Education and Training Reform Act 2006* requires the National Academy of Hair and Beauty to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact National Academy of Hair and Beauty on phone (03) 9421 4464 or e-mail: info@nabh.edu.au

I acknowledge and agree to the terms described in this privacy statement:

Student Signature: _____

Date: _____

SECTION 12: STUDENT DECLARATION

Please ensure that you have read and understand the Privacy Statement and Student Declaration very carefully before signing this form. If you have any questions, please do not hesitate to ask.

- I declare that the information on this enrolment form is to the best of my knowledge, true, accurate and absolute at the time of this application.
- I further acknowledge that any false information and not disclosing relevant information for enrolment of this qualification will result in the cancellation of your enrolment at NAHB, particularly if it relates to government subsidised training.
- I understand that it is my responsibility to provide all relevant and required documentation and answer all questions truthfully.
- I understand that enrolment in this course is under the Victorian Training Guarantee and may impact my access to further government subsidised training.
- (If enrolled in a Traineeship program) I, the applicant, give permission for the Trainer/College representative to discuss my training program, development and evidence with my employer and other Trainers or Supervisors
- I am aware of and have been provided/advised about the RTO's Policies & Procedures which are available on the website and agree to be bound by them.
- That I have been explained how accessing funded placement may impact on my future eligibility for further funded placement.
- I have been provided a copy of the RTO's Fees & Refund Policy and understand what the costs and duration regarding my course/s and in any event I can download a copy at www.nabh.edu.au
- I have been provided a copy of the of the complaint and appeal policy and I can download a copy at www.nabh.edu.au
- I understand that I am required to attend all the classes schedule and failure to do so may result in a withdrawal.

I understand that I cannot defer unless specifically approved by the RTO and only for the reason specified in the deferment policy that can be located on the Institute website

I understand that I have to follow the my training plan and the assessment must be completed before or on the date specified in the training plan and in the case specified by the attendance policy and I could be charged a fee to re-sit the assessment.

I have been informed about the dress code and I will abide by it. I understand that failure may cause suspension according to the discipline policy of the institute that can be located on the website.

I understand that it is my responsibility to be actively participating when attending classes and keep up to date with my training plan requirements I understand it is my responsibility to ensure I have all of the equipment listed on my kit list before I come to class and that I may not be able to participate if I do not have the appropriate equipment.

I have been informed that in this course I will required to service clients from time as part of my training and that I cannot refuse to service clients

Student Signature: _____

Date: _____

SECTION 13: STUDENT CONSENT FOR PUBLISHING WORK AND IMAGES

I the student as above identified give permission to National Academy of Hair & Beauty to publish, reproduce and communicate my: (Please tick)

- | | |
|--|--|
| <input type="checkbox"/> Art work
<input type="checkbox"/> Photograph
<input type="checkbox"/> Video or digital story
<input type="checkbox"/> Blog | <input type="checkbox"/> School project
<input type="checkbox"/> Podcast
<input type="checkbox"/> Wiki
<input type="checkbox"/> |
|--|--|

STUDENT IDENTIFICATION AND PRIVACY

If published, reproduced and communicated I understand that for privacy purposes my work will be identified using the title of the work, my first name only, the course I'm enrolled in and Institute. No other personal information will be published although I accept that that my identity may nevertheless be apparent by association to a number of people. If my work identifies a living person other than myself, I have advised the Institute how to contact that person to obtain their consent for my work to be published.

INTELLECTUAL PROPERTY AND COPYRIGHT

I understand that I hold the intellectual property rights but grant National Academy of Hair & Beauty licence to use them at no cost. I grant permission for National Academy of Hair & Beauty to allow my work to be made available to other government and not for profit, non-government schools in Australia. This means that other schools cannot reproduce and communicate my work to third party. I grant permission to National Academy of Hair & Beauty to use, reproduce, distribute, communicate to the public, publish, publicly perform, publicly display, modify, adapt, translate, upload, download in any form or manner, and incorporate this material into other materials or works in any format or medium for any non-commercial purpose and the right to sublicense those rights. This consent is for an indefinite period of time. I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the Institute. 3-7 Shelley Street, Richmond Vic 3121.

Student Signature: _____

Date: _____

Where student is under 18 years of age:

Parent/Legal Guardian Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

SECTION 14: PERSONAL GUARANTEE FOR STUDENT UNDER THE AGE OF 18

This guarantee is between:

Melbourne Institute of Nails & Beauty Pty Ltd (ACN 64116432478) trading as National Academy of Hair & Beauty of 3-7 Shelley Street Richmond Vic 3121 (hereinafter “provider”)

and

The guarantors as individuated below.

In consideration that:

1. the provider will provide Education service, sell goods or services to the Client (as individuated in the enrolment form)
2. the client is below the age of 18 years
3. A guarantor over 18 years of age is required to execute the present guarantee in order to assure the payment of the fee and all the related expenses
4. The guarantor agrees:
5. To pay the money owed by the clients or on behalf of the client in full as requested or directed by the provider within 3 days from the request or according to THE CONTRACT OF ENROLLMENT and any payment plan drawn.
6. The secured moneys shall include collection fees and legal costs and interest as outlined in the contract of enrolment, incurred by the Provider in connection with the default by the Client.
7. The Provider is at liberty without notice at any time and without in any way discharging the guarantor from any liability hereunder to grant time, waiver, release or other indulgence to the Client and to accept from the Client payment in cash, cheque, EFT or otherwise.
8. Nothing in this Guarantee and Indemnity is binding or conditional upon the Provider continuing to supply goods or services or both to the Client.
9. The Guarantor(s) and Indemnifier(s) hereby guarantee and indemnify the Provider against any losses or expenses whatsoever directly or indirectly arising from or by virtue of any default whatsoever on the part of the Client with respect to the secured moneys.
10. This Guarantee and Indemnity shall be a continuing Guarantee and Indemnity to the Provider for all debts whatsoever and wheresoever contracted with the Client in respect of the goods or services or both supplied or to be supplied to the Client.

PARENT OR GUARDIAN			
Title	Surname		
First Name		Middle Name	
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth / /	Building	Unit/Flat
Postal Delivery Box	Street/lot Number:	Street Name	
Suburb		Post Code	State
Email		Home Phone	Mobile phone
Work Phone			
Parent/Guardian signature			