



Training & Apprenticeship Employment
DIVISION OF MPA GROUP

SCHOOL BASED PRE-APPRENTICE ENROLMENT FORM

Please send your application through with a copy of your: Resume, School Report and Form of ID

Surname:	Given Names(s):	Sex:
Date of Birth: / /	Place of Birth	USI Number:
Mobile:	Home Number:	
Residential Address:		
Postal Address:		
Email Address:		
Emergency Contact Name:	Emergency Contact Number:	

QUALIFICATION DETAILS

<p>Painting Pre-Apprenticeship Certificate II in Building and Construction (Pathway - Trades) 52443WA <input type="checkbox"/> John Forrest Trade Training Centre, Morley <input type="checkbox"/> Ursula Frayne Catholic College, MPA Skills Jandakot Campus</p>	<p>Plumbing Pre-Apprenticeship Certificate II in Plumbing 52700WA <input type="checkbox"/> John Forrest Trade Training Centre, Morley <input type="checkbox"/> St Norbert Trade Training Centre, Queens Park <input type="checkbox"/> Baldivis secondary College, MPA Skills Jandakot Campus <input type="checkbox"/> Butler College (Butler College students only) <input type="checkbox"/> Ursula Frayne Catholic College, MPA Skills Maylands Campus <input type="checkbox"/> Bunbury Regional Trade Training Centre</p>
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Are you Aboriginal or Torres Strait Islander Origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:
Do you hold a current WA drivers license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not do you hold a current WA learners permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a reliable form of transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In which country where you born?	Australia <input type="checkbox"/> Other <input type="checkbox"/> If Other, please specify:
Are you a permanent Australian resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How well do you speak English?	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/>

HIGH SCHOOL EDUCATION

Are you still attending secondary school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tick current year level:	Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 <input type="checkbox"/>
Name of secondary school?	

FURTHER EDUCATION

Have you undertaken any further studies?

<input type="checkbox"/> Bachelor Degree or Associates Degree	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Advanced (Associate Diploma)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate IV (Advance Certificate/Technician)	<input type="checkbox"/> Certificate III (or Trade Certificate)

EMPLOYMENT STATUS

Of the following which best describes your current employment status?

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – Unpaid worker in a family business
<input type="checkbox"/> Part-Time employee	<input type="checkbox"/> Unemployed – Seeking full-time work
<input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Unemployed – Seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – Not seeking employment

WHAT IS THE MAIN REASON FOR UNDERTAKING THIS COURSE?

<input type="checkbox"/> To get a job	<input type="checkbox"/> To start a different career
<input type="checkbox"/> For interest or personal development	<input type="checkbox"/> To get into another course at TAFE or University
<input type="checkbox"/> To start a different career	<input type="checkbox"/> To improve my career
<input type="checkbox"/> Extra skills/ requirement of my current job	<input type="checkbox"/> Other (please specify):

HOW DID YOU HEAR ABOUT MPA SKILLS?

<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> School or School Representative
<input type="checkbox"/> Try- A-Trade Participant	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Career Expo	<input type="checkbox"/> Master Plumber / Painters Journal
<input type="checkbox"/> Internet Search	<input type="checkbox"/> MPA Associations / Industry Event
<input type="checkbox"/> Trade Representative or Trade Store	<input type="checkbox"/> Co-worker in the Trade
<input type="checkbox"/> Employer / Work Experience	<input type="checkbox"/> Other (please specify)

MEDICAL HISTORY BRIEFING

Do you need special assistance or equipment to work or complete your studies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:	
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:	
Have a medical condition or disability that might affect your work performance?	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired brain impairment
	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other
<input type="checkbox"/> Learning		
I do / do not (please specify) authorise MPA Skills to use all media and photographic images taken of me while attending MPA Skills for training. I am aware that media and photographs may be used for promotional material and on the website.		

Terms & Conditions

Privacy Statement

Information collected by MPA Skills during a student's enrolment and attendance will be used for the purposes of general student administration, identification, communication, State and Commonwealth agencies and research organisations. Your information will be securely stored and only made available to other employees of MPA Skills. In addition, in order to assist you with your apprenticeship we may provide your details to prospective host employers. Should you have any questions relating to your information please ask an your MPA Skills representative.

I also agree to the following conditions:

1. To conform to MPA Skills Apprentice Code of Conduct, Policies, Procedures and Regulations, as made known to me at the time of my employment.
2. To permit a medical examination by the MPA Skills physician if requested;
3. That any false information given in my application for employment or in my medical examination shall be considered sufficient cause for dismissal from MPA Skills apprenticeship.

I have read and agree to the above conditions and that the information provided in this form is true and correct.

If you are under 18 years of age, please ensure your parent/guardian signs this form.

Participant Signature:	Date:
Parent/Guardian Signature:	Date:

NOTE: Enrolment may be subject to the receipt of relevant documentation and a successful interview (if applicable)

EMAIL OR GIVE ENROLEMENT FORM WITH RESUME AND COVER LETTER TO THE TRAINING OFFICE

PO BOX 126 Maylands 6051 | Preapps@mpaskills.com.au

Maylands Training Campus/Office: 108 Caledonian Avenue, Maylands

The 2017 pre-apprenticeship and apprenticeship training are subject to funding by Future Skills WA. All applicants will be notified once registered