



MAYFIELD
EDUCATION

Certificate III in Health Services Assistance HLT32512 Assistant in Nursing

.....
[Insert Commencement Date]

*(Applications close 3 weeks prior to commencement)
Late applications considered if course positions remain available*

Use this check list to ensure that you have completed Parts 1-4

- Part 1 (tick)
- Part 2 (tick)
- Part 3 (tick)
- Part 4 (tick)

Please forward completed application form to:

Student Services Officer
Mayfield Education
2-10 Camberwell Road
Hawthorn East, Victoria, 3123

PART 1

Applicant Details

Please answer all questions

Last Name (Family Name) _____

Given Names _____ Male Female *(please tick)*

Postal Address _____

City _____ State _____ Postcode _____

Residential Address *(if different from above)* _____

City _____ State _____ Postcode _____

Tel. (Work) _____ (home) _____ Fax _____

Mobile _____ Email _____

Name of employing organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

How did you first hear about this course?

Mayfield Website Friend Work Colleague Mailout

Advertisement (Please specify ie public transport/newspaper/journal/radio) _____

I am a past student of Mayfield Other _____

Supplementary Details *Please answer all questions*

Have you successfully completed an Australian qualification? Yes (*tick below what level*) No

<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificates other than the above

If ticked above please specify full course details.....

What is your highest school level completed?

Year 12 Year 11 Year 10 Year 9 or equivalent Year 8 or lower
 Did not go to school

Are you still attending secondary school? Yes No

In which year did you complete that school level? _____

Date of birth _____ Country of birth _____

Are you an Australian citizen or permanent resident of Australia? Yes No

Are you of Aboriginal origin? Yes No

Are you of Torres Strait Islander origin? Yes No

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

If yes, please specify the language spoken _____

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? Yes No

If yes, specify: Vision Hearing Physical Intellectual Mental Illness Learning
 Acquired Brain Impairment Medical Condition

Other _____

Please indicate any special needs/assistance required in relation to your disability (eg Literacy assistance)

PART 2**Applicant's work history (paid or voluntary)**

Which of the following categories best describes your current employment status? (Please tick)

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

Dates	Employer	Position/Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 3**Applicant's statement of reasons for wishing to undertake the course** *(in own handwriting)*

Which of the following categories best describes your main reasons for undertaking this study? (Please tick)

- To get a job To develop my existing business To start my own business
 To try for a different career To get a better job or promotion
 It was a requirement of my job I wanted extra skills for my job
 To get into another course of study For personal interest or self development

Other reasons

I verify that the information I have provided in this Application form is true and accurate.

Attached is a statement of my reasons for wishing to undertake the course, in my own handwriting (not more than 200 words).

Applicant's signature _____ Date _____

Victorian Student Number

To be completed by all students aged up to 24 years:

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult and Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

Enter your Victorian Student Number (VSN)

Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. (No more questions if you answer No.)

Yes - I have attended a Victorian school since 2009:

Most recent Victorian school attended _____
and/or

Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011.

List the most recent training organisations with which you have participated in training in Victoria since 2011 (list up to 3 training organisations).

Privacy Statement

I understand that Mayfield Education 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 (which are available at <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 Mayfield Education 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 Mayfield Education's Privacy Officer on 9811 9004.

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

Student signature: _____

Please tick box to confirm acceptance of the privacy statement if submitting application online