



Certificate in Advanced Cardiac Technology

ABN: 265 4088 1341

Intake commencing 10 February 2009 (Applications close 19 December 2008)

Late applications considered if course positions remain available

Completion of all questions is required .

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

- Part 1, Part 2, Part 3, Part 4, Section A, Section B, Section C with checkboxes and (tick) labels

Please forward completed application form to: Student Services Officer, Mayfield Education, 2-10 Camberwell Road, Hawthorn East, Victoria, 3123

Course Fee

\$3,140 per person.

Payment of course fee will be required within 10 days of acceptance of a position on the course.

PART 1

Applicant Details Please answer all questions

Surname (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 _____

How did you find out about this course?

- Mayfield Courses Book, Friend, Work Colleague, Mailout

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

Mayfield Website, Other _____

I am a past student of Mayfield

Supplementary Details *Please answer all questions*

Have you successfully completed Certificate IV in Cardiac Technology or Certificate III in Health (Electrocardiography for Technicians)? Yes No

If yes, year completed _____ **Please attach a certified copy of your results/transcript.**

If no, please contact the Course Coordinator for further information

Do you consider yourself to have a permanent and significant disability? Yes No

If yes, specify: Vision Hearing Physical Intellectual Chronic Illness
 Learning 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)

Dates	Employer	Position/Duties

PART 3

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

I verify that I have completed this application form and written in my own handwriting Part 3 of this form.

Applicant's signature _____ Date _____

Student Declaration

Applicants full name _____

I understand that:

- A) I am required to work in an appropriate organization
- B) I am required to have access to on-the-job training for the duration of the course
- C) My workplace competency workbook must be completed and assessed by the Course Coordinator at Mayfield before I complete the course

Applicant's signature _____ Date _____

Supervisor Declaration

The applicant has been employed at this organisation:

- A) full time for _____ months or
- B) part time equivalent _____ months (state number of days per week)

It is proposed that the applicant will work in this facility for the duration of the course

I undertake to ensure that if the applicant is accepted into the course:

- A) the applicant will have access to on-the-job training
- B) an approved workplace mentor will be appointed to provide support.

Supervisors signature _____ Date _____

Name (printed) _____

Administrator's Declaration

This organisation agrees to the above named applicant undertaking the Certificate in Advanced Cardiac Technology.

This organisation agrees to:

- A) ensure that the applicant will receive the requisite experience (at another organization, if necessary)
- B) providing the applicant (if accepted into the course) with appropriate on-the-job training and a mentor.

Signature _____ Date _____
(Manager or authorising officer)

Check that you have provided all information required and return completed form to Mayfield Education.