



**Certificate IV in
Allied Health Assistance HLT42507**

[] Intake 1 Commencing 16 February 2012

[] Intake 2 Commencing 16 August 2012

ABN: 265 4088 1341

(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
Fax: (03) 9882 7518

PART 1 Applicant Details

Last Name (Family Name) _____

All 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 newspaper/journal/radio) _____
- I am a past student of Mayfield Other _____

Supplementary Details

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

- Bachelor Degree or Higher Degree Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma) Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or Trade Certificate) Certificate II
- Certificate I 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)

Are you currently receiving any of the following? (*Please tick*)

- A) Age Pension Yes No
- B) Family Allowance Supplement Yes No
- C) Carer's Pension Yes No
- D) Parenting Payment Single Yes No
- E) Disability Support Pension Yes No
- F) Sickness Allowance Yes No
- G) Low Income Yes No
- H) Special Benefit Yes No
- I) Mature Age Allowance Yes No
- J) Newstart Allowance Yes No
- K) Newstart Mature Age Yes No
- L) Widow Allowance Yes No
- M) Youth Allowance Yes No
- N) Partner Allowance Yes No
- O) Wife Pension Yes No
- P) VCE Scholarship Yes No
- Q) Prisoner Concession Yes No
- R) Veteran Gold Card Concession Yes No
- S) Other

Are you currently receiving any of the following? (*Please tick*)

- A) AUSTUDY Allowance Yes No
- B) ABSTUDY Allowance Yes No

PART 2a

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
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PART 2b

Referee Please submit two (2) referees. If possible, one of these should be an employer.

1. Name: _____
 Position: _____
 Address: _____
 Phone Number: _____

2. Name: _____
 Position: _____
 Address: _____
 Phone Number: _____

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
- To get a qualification

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 _____

PART 4

Victorian Student Number

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

Enter your Victorian Student Number (VSN)

If you have not provided a VSN, is this because:

 I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.

Leave both the VSN and the above tick box blank if you have previously attended a Victorian school, TAFE or vocational education and training provider.

Student Enrolment Privacy Note

I understand that Mayfield Education is required to provide the Victorian Government, through Skills Victoria, 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 www.skills.vic.gov.au/corporate/providers/data-collection). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

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 9003 or email abayley@mayfield.edu.au.

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