



Administer and Monitor Intravenous Medication In the Nursing Environment (HLTEN519A)

[] Commencing 16 July 2010

[] Commencing 8 October 2010

Closing date three weeks prior to course commencement. Late applications considered.

Completion of all questions is required for consideration for a Government subsidised position, if available in 2010

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

- Part 1** (tick)
Part 2 (tick)
 Section A (tick)
 Section B (tick)
 Section C (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

Please attach confirmation of completion of medication endorsement (4 routes: Enteral, Topical, Subcutaneous and Intramuscular) and unit Contribute to the complex nursing care of clients. (HLTEN505A).

Course Fee

Full Fee: \$1,395 per person
Payment of this fee will be required within 10 days of acceptance of a position.

Intake 1: Funded fee (available through Skills Victoria): \$325 plus materials fee \$100

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 Courses Book Friend Work Colleague Mailout
 Advertisement (Please specify ie newspaper/journal/radio) _____
 Mayfield Website Other _____
 I am a past student of Mayfield

continued...

Supplementary Details *Please answer all questions*

Have you successfully completed any of the following qualifications? Yes 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 yes, please specify _____

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?

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

Applicant's signature _____ Date _____

PART 2

Workplace Experience

Applicants full name _____

I understand that:

- A) I am required to attend a health care institution on clinical placement (arranged by Mayfield Education) and to reach the required competency level
- B) I am required to attend for a minimum of 90% of the teaching component of the course
- C) I am required to complete all clinical placement hours

Applicant's signature _____ Date _____

PART 3

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 4

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

Please attach a statement of reasons for wishing to undertake the course in your own handwriting. Not more than 200 words.

I verify that I have completed this Application form and written in my own handwriting Part 4 of this form.

Applicant's signature _____ Date _____

Privacy Statement

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/statistics/submit_data). 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.

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