



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

.....  
[Insert Commencement Date]

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

To be considered for a course position, you must attach a copy of:

1. Current Nursing registration
2. Transcript of results of medication endorsement (4 routes: Enteral, Topical, Subcutaneous and Intramuscular)
3. Transcript of results of unit Contribute to the complex nursing care of clients (HLTEN505A)

Completion of all questions is required for consideration for a Government subsidised position

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

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 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 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

**PART 2b**

**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 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 .....

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) will be 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.*

### 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](http://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.

**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](mailto: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