



MAYFIELD
EDUCATION

Certificate IV in Cardiac Technology

Intake commencing 3 February 2009

(Applications close 19 December 2008)

Late applications considered if course positions remain available

Applicants will be kept informed of developments.

Please ensure that you provide appropriate contact details on your application form

Please forward completed application form to:

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

Course Fee

\$2,990 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) _____

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 organization _____

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 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 |

PART 2

Student Declaration - Workplace Experience

To be initialled and signed by the applicant to the course

Applicants full name _____

I understand that:

- A) I am required to have access to on-the-job training for the duration _____ (initials)
of the course
- B) My clinical skills competency workbook must be completed and assessed _____ (initials)
by the Course Coordinator at Mayfield before I complete the course

Applicant's signature _____ Date _____

Supervisor/Mentor Declaration

(If you are already working in the field of cardiac technology)

To be initialled and signed by the applicant to the course

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)* _____ (initials)

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

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

Supervisors signature _____ Date _____

Name (printed) _____

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
- To get a qualification
- Other reasons

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

PART 5 Applicant Attachments

Please attach to your application form evidence of results of VCE and past tertiary studies, if applicable (must be certified copies of transcript of results) and other documentation to support your application if required - example - letter of support from a Chief Cardiac Technologist/Cardiologist.

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

Applicant’s signature _____ *Date* _____