



**MAYFIELD**  
EDUCATION

# Certificate IV in Cardiac Technology

## Distance Education

My preferred commencement month is

.....  
*Applications require 3 weeks for processing*

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**

*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 organization \_\_\_\_\_

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 2****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 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 \_\_\_\_\_

## 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 \_\_\_\_\_

## Advisor/Mentor Declaration *To be initialled and signed by the applicant to the course*

The applicant has been employed at this organisation:

- A) full time for \_\_\_\_\_ months/years
- 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/advisor will be appointed to provide support \_\_\_\_\_ (initials)
- C) an approved assessor who holds a Certificate IV in Training & Assessment is available within the workplace to sign off any competencies, and supervise tests/exams. (Certified copy of the Certificate IV in Training and Assessment Certificate must be attached)

Supervisors signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

## 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.*

## 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