



## Diploma of Nursing with RPL (Enrolled Division 2 Nursing) HLT51607

ABN: 265 4088 1341

[ ] Intake Commencing 23 February 2012  
[ ] Intake Commencing TBA

Completion of all questions is required

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 \_\_\_\_\_

- 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) .....

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 .....                  |                              |                             |

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

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| A) AUSTUDY Allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B) ABSTUDY Allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

**PART 2b**

**Workplace Experience**

Applicants full name \_\_\_\_\_

I understand that:

- A) I am required to attend all arranged clinical placement days
- B) I am required to attend for a minimum of 80% of the course.
- C) All assignments and tests must be completed and assessed to a minimum of a pass level by the Course Coordinator at Mayfield Education before I will be deemed to have successfully completed the course.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**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

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](http://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](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