

Application Form 2012



MAYFIELD
EDUCATION

Infection Control and Sterilisation in Office Practice Settings

Commencing

[] February; [] May; [] August; [] November 2012

Please tick commencement month

Applications require 3 weeks for processing

Use this check list to ensure that you have
completed Parts 1-3

Part 1 (tick)
Part 2 (tick)
Part 3 (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) _____

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 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)

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

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

continued...

