



**MAYFIELD**  
EDUCATION

**Certificate in  
Infection Control in Long Term Care  
Facilities**

ABN: 26 540 881 341

**Commencing 8 February 2010**

(Applications close 18 December, 2009)

*Late applications considered if course positions remain available*

Please attach:

- A brief curriculum vitae (CV)**
- Details of relevant experience**
- Details of previous courses completed in the area of application.**

Please forward completed application form to:

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

**Applicant Details** *Please answer all questions*

Full Name \_\_\_\_\_ 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 \_\_\_\_\_

Educational standard/qualifications relevant to this course \_\_\_\_\_

\_\_\_\_\_

**How did you first hear about this course?**

Mayfield Courses Book     Friend     Work Colleague     Mailout     I am a past student of Mayfield

Advertisement *(Please specify ie newspaper/journal/radio)* \_\_\_\_\_

Mayfield Website     Other \_\_\_\_\_

**Fee Payment.**

Course Fee \$2,972 per person.

*Fee is being paid by:*     Self     Employer

*Payment Method:*     Credit Card     Cheque/Money Order     EFT (details below)  
 Purchase Order    PO Number \_\_\_\_\_

*(Payment or Purchase Order Number must be received before application can be processed)  
 (Cheque/money order made payable to Mayfield Education Inc)*

*EFT Details:*    Mayfield Education  
 BSB:063 -143    Account: 1005-0419  
*(Please list applicant name in detail area)*

*Credit Card Details:*    *(1.5% surcharge applicable to all credit card payments)*

Charge to     VISA     Mastercard

Cardholders Name \_\_\_\_\_ Card Expires \_\_\_\_\_

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

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