



**Certificate in
Infection Control in Sub Acute and
Aged Care**

ABN: 26 540 881 341

Commencing **6 February 2012**

(Applications close three weeks prior to course commencement)
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 answer all questions

Use this check list to ensure that you have completed Parts 1-2

- Part 1** (tick)
- Part 2** (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 _____

