



Course in Medication Administration for division 2 Registered Nurses in Victoria

[] Intake 1 Commencing 9 March, 2010

(Closing Date 29 January, 2010)

[] Intake 2 Commencing 20 July, 2010

(Closing Date 11 June, 2010)

To be considered for a course position, you must attach a copy of:

1. Current NBV registration
2. Copy of Division 2 Nursing qualification and
3. Copy of transcript of results

Use this check list to ensure that you have
completed Parts 1-4

- Part 1 (tick)
- Part 2 (tick)
- Section A (tick)
- Section B (tick)
- Section C (tick)
- Part 3 (tick)
- Part 4 (tick)

Completion of all questions is required

Please forward completed application form to:

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

Course Fee

Full Fee \$2,195
Additional costs: (As per website/courses handbook)

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 organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

How did you first hear about this course?

- Mayfield Courses Book Friend Work Colleague Mailout
- Advertisement (Please specify ie newspaper/journal/radio) _____
- Mayfield Website Other _____

Continued...

Supplementary Details *Please answer all questions*

Have you successfully completed any of the following qualifications? Yes 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 yes, please specify _____

Certificate IV in Health (Nursing Qualification) Institution _____
Completion Date _____

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?

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 |

Applicant's signature _____ Date _____

PART 2 Workplace Experience

Applicants full name _____

I understand that:

- A) I am required to attend a health care institution on clinical placement (arranged by Mayfield Education) and to reach the required competency level
- B) I am required to attend for a minimum of 80% of the teaching component of the course
- C) I am required to complete all clinical placement hours

Applicant's signature _____ Date _____

PART 3 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 4 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

Applicant's signature _____ Date _____

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). 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.

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.

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