



Medical Terminology Course (BSBMED301B)

Distance Education

My preferred commencement month is

.....
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?

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...

