



MAYFIELD
EDUCATION

ABN: 265 4088 1341

**Certificate IV in Health
Operating Theatre Technical
Support (HLT42007)**

[] 12 April 2010
[] 4 October 2010

Applications close three weeks before commencement

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)

Please forward completed application form to:

**Student Services Officer
Mayfield Education
2-10 Camberwell Road
Hawthorn East, Victoria, 3123
Fax: (03) 9882 7518**

Course Fee

\$4,489 per person.

Payment of course fee will be required within 10 days of acceptance of a position on the course.

Applicant Details

Completion of all questions is required

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 _____
- I am a past student of Mayfield

Which of the following categories best describes your main reasons for undertaking this study? *(Please tick)*

- | | | |
|--|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> To get a qualification |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> Other reasons | |

I have attached a statement of reasons (in my own handwriting) for wishing to undertake the course. 200 words.

Supplementary Details

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 _____

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 |

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
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I verify that I have completed this Application form and attached a statement of my reasons for wishing to undertake the course, in my own handwriting.

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