



MAYFIELD EDUCATION

Certificate III in Health Services Assistance HLT32507 Operating Theatre Technician Work

Section B by Distance Education My preferred commencement month is

.....

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

- Part 1 [] (tick)
Part 2 [] (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

PART 1

Applicant Details

Please answer all questions

Last Name (Family Name)
Given Names Male Female
Postal Address
City State Postcode
Residential Address (if different from above)
City State Postcode
Tel. (Work) (home) Fax
Mobile Email
Name of employing organization
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? 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		

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

PART 2**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 3**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

I verify that the information I have provided in this Application form is true and accurate.

Attached is a statement of my reasons for wishing to undertake the course, in my own handwriting (not more than 200 words).

Applicant's signature _____ Date _____

PART 4

Workplace Experience

Section “A” (to be initialed and signed by the operating suite manager)

The applicant’s communication skills in English are adequate.

(initials)

The applicant has been employed in this operating suite department
 full time for _____ months or
 part time equivalent _____ months
 (state number of days per week)

(initials)

It is proposed that the applicant will work in this operating suite department
 for the duration of the training.

(initials)

I undertake to ensure that if the applicant is accepted into this training, experience
 will be provided in each of the following areas:

- A) assisting the nursing staff with patient transportation, and observation of
sterilization and infection control procedures
- B) assisting the surgeon in positioning the patient, equipment and
operating table for procedures in all specialities
- C) assisting the anaesthetist in positioning the patient for anaesthetic-
related procedures

(initials)

(initials)

(initials)

I undertake to ensure that if the applicant is accepted into the course that an
 approved workplace mentor will be appointed to provide support.

(Initials)

Operating Suite Managers signature _____ Date _____

Name (printed) _____

Section “B” (to be initialled and signed by the administrator to whom the applicant is responsible)

The hospital agrees to the above named applicant undertaking the Certificate III in Health Services
 Assistance - Operating Theatre Technician Work training program.

(initials)

The hospital agrees to:

- A) assist the applicant to receive the requisite operating suite department
 experience (at another health agency if necessary)

(initials)

Signature (manager or authorizing officer) _____ Date _____

Victorian Student Number

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

Enter your Victorian Student Number (VSN)

If you have not provided a VSN, is this because:

 I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.

Leave both the VSN and the above tick box blank if you have previously attended a Victorian school, TAFE or vocational education and training provider.

Student Enrolment Privacy Note

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/providers/data-collection). 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.

The Education and Training Reform Act 2006 requires Mayfield Education to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

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