



MAYFIELD EDUCATION

Certificate III in Health Services Assistance HLT32507 Operating Theatre Technician Work

Distance Education My preferred commencement month is

..... Applications require 3 weeks for processing

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

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

Please forward completed application form to: Student Services Officer Mayfield Education 2-10 Camberwell Road Hawthorn East, Victoria, 3123

Course Fee

\$3,748 per person.

Payment of this fee will be required within 10 days of acceptance of a position.

PART 1

Applicant Details

Please answer all questions

Form fields for applicant details: Surname, Given Names, Postal Address, City, State, Postcode, Residential Address, Tel. (Work), (home), Fax, Mobile, Email, Name of employing organization, Work address, Current position, Date commenced.

How did you first hear about this course?

- Mayfield Courses Book, Advertisement, Mayfield Website, I am a past student of Mayfield, Friend, Other, Work Colleague, Mailout

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 _____

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**Section "A" (to be initialled and signed by the applicant to the course)**

Applicants full name _____

I agree to reports of my progress being made to the approving authority _____
(initials)

I understand that:

A) I am required to have had the equivalent of four (4) months' full-time work (or equivalent part-time in an operating suite by the date of course commencement. _____
(initials)B) My assignments and clinical competency workbooks must be completed and assessed by the Course Coordinator at Mayfield Education before I sit examinations. _____
(initials)C) I am required to be a permanent staff member in the operating suite for the duration of the training. _____
(initials)

Applicant's signature _____ Date _____

Section "B" (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 Sterilisation and infection control procedures _____
(initials)B) assisting the surgeon in positioning the patient, equipment and operating table for procedures in all specialities _____
(initials)C) assisting the anaesthetist in positioning the patient for anaesthetic-related procedures _____
(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 “C” (to be initialled and signed by the administrator to whom the applicant is responsible)

The hospital agrees to the abovenamed 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)

B) employ the applicant (if accepted into the course) in the operating suite department for the duration of the training.

_____ (Initials)

Signature (manager or authorizing officer) _____ 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

Please attach a statement of reasons for wishing to undertake the course in your own handwriting. Not more than 200 words.

I verify that I have completed this application form and written in my own handwriting Part 4 of this form.

Applicant’s signature _____ Date _____

Check that you have provided all information required and return completed form to Mayfield Education.

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