



**MAYFIELD**  
EDUCATION

## Application Form 2009

# Certificate III in Pathology Specimen Collection HLT32607

[ ] 3 June 2009

Closing date: 17 April 2009  
Late applications will be considered

Completion of all questions is required

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**

### Course Fee

**\$2,390 per person.**

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

## PART 1

### Applicant Details *Please answer all questions*

Surname (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 find out 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

*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 \_\_\_\_\_

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 course.
- C) All assignments and tests must be completed and assessed to a minimum of a pass level by the Course Coordinator at Mayfield Education before I complete the course.

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 .....

**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 \_\_\_\_\_