



# Infection Control and Sterilisation for Tattooists/Body Artists

.....  
[Insert Commencement Date]

*Please tick commencement month  
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?  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)

\_\_\_\_\_

