

F26.DA First Aid Application Form

Unit Selection

- HLTAID001 Provide cardiopulmonary resuscitation
 HLTAID003 Provide First Aid

Personal Details

Family Name: _____ Given Name(s): _____
 Date of Birth: _____ Gender: Male Female

Residential Details

Building Name: _____ Unit Details/Flat: _____
 Street/Lot No: _____ Street Name: _____
 Suburb: _____ State: _____ Post Code: _____
 Postal Address : Same as Above Yes No (if No, please fill in details below)
 Building Name: _____ Unit Details/Flat: _____
 Street/Lot No: _____ Street Name: _____
 Suburb: _____ State: _____ Post Code: _____

Contact Details

Home Phone: () _____ Mobile: _____
 Email: _____
 Preferred Contact Method: Home Phone Mobile Email
 Emergency Contact Name: _____ Emergency Contact No. _____

Unique Student Identifier (USI)

From 1st January 2015, students who are enrolling or are currently enrolled in Nationally Recognised training in Australia are required to have a Unique Student Identifier (USI). Your USI will help keep your training records and results together in an online account controlled by you. Each time you enrol to study with a new training organisation, your USI will be used to store your training records and results. If you would prefer Malvern Institute to apply for your USI, please [Tick option 1](#).

1. I agree to Malvern Institute applying for my Unique Student Identifier (USI) on my behalf
 2. I will apply for my Unique Student Identifier (USI)
 3. I already have a Unique Student Identifier (USI) and I give my consent to Malvern Institute to verify my USI

My USI No. is: _____

Victorian Student Number (VSN)

The Victorian Student Number (VSN) is a student identification number that is assigned by the Department of Education and Early Childhood Development to all school and Vocation Education and Training (VET) students. The number is unique to each student and will remain with the student throughout his or her education, until reaching the age of 25.

Are you 24 years or younger at time of enrolment? No Yes (if Yes, please fill in details below)

Enter your VSN: _____

If you are unable to provide your Victorian Student Number (VSN) above, please outline reasons below:

- I have not attended any Victorian school since 2009 or commenced any training with a Victorian Education and Training (VET) training provider since the beginning of 2011.
- VSN not known

General Information (Please tick your responses)

1. Are you an Australian Citizen or Permanent Resident? Yes No
2. In which country were you born? Australia Other, Please specify _____
3. Are you of Aboriginal or Torres Strait Islander origin? Yes, Both Aboriginal Torres Strait Islander Neither
(If Yes, please refer this application to the Training & Compliance Manager)
4. Do you speak a language other than English at home? No, English Only Other, Please specify _____
5. How well do you speak English? Very Well Well Not Well Not at All

Employment

6. Of the following categories, what best describes your current employment status? (tick one box only)

- Full – time Employee
- Part – time Employee
- Self Employed – Not employing others
- Employer
- Employed – Unpaid worker in a family business
- Unemployed – Seeking Full time Work
- Unemployed – Seeking Part-time Work
- Not Employed – Not Seeking Employment
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Disability

7. Do you consider yourself to have a disability, impairment or long term condition?

- Yes *(If Yes, please refer this application to the Training & Compliance Manager)* No

8. If 'Yes', please indicate the disability / impairment or long term condition below (tick box only)

- Hearing/Deaf Physical Vision Intellectual Learning Medical Condition
- Mental Illness Acquired Brain Impairment Other



Reason for undertaking this course

9. Of the following categories, what best describes your reason for undertaking this course? (tick one box only)

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

Privacy Statement & Student Acceptance Agreement

I understand that CENTRAL MELBOURNE INSTITUTE is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, 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 <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>)

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department- endorsed project or audit or review.

The Education and Training Reform Act 2006 requires CENTRAL MELBOURNE INSTITUTE 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 Malvern Institute Student Support Officer.

In signing and submitting this 'Enrolment Pack' you (the applicant) acknowledges:

- That the information provided by me in this enrolment form and pre training review is complete and correct.
- Agrees to be bound by the RTO rules and regulations and any amendments made to the rules and regulations.
- Where a student's contact details change while studying with the RTO the student must advise the RTO of these changes within 7 days. These details include but are not limited to details such as e-mail, address, and contact phone details.
- I acknowledge that if I provide any false information and/or fail to disclose any information then this may lead to withdrawal of any course offered, and/or cancellation of enrolment at any time at the discretion of CENTRAL MELBOURNE INSTITUTE
- As my enrolment is funded by Higher Education and Skills Group, I confirm that the information I have given in relation to my eligibility is true and correct and I will show CENTRAL MELBOURNE INSTITUTE original certificates or other evidence as required and that they may take copies of these and release them to Higher Education and Skills Group as a part of their audit process.
- I understand that it is my responsibility to provide any information needed to process my application
- I authorise CENTRAL MELBOURNE INSTITUTE to check/investigate the information provided by me for validation purposes
- I have reviewed the information contained in the publicity material and or the website and I am aware of the conditions and fee related to my admission and shall pay all fees for which I am liable
- I have reviewed the various policies and procedures of CENTRAL MELBOURNE INSTITUTE
- I confirm that I have read all the terms and conditions of enrolment and that I am bound by them
- I agree to the Enrolment Conditions (listed above in this document)
- I acknowledge and agree to the terms described in this Student Acceptance Agreement and Enrolment Conditions.

Student Signature:

Date: