



# APPLICATION FORM

HLTAID004 Provide an emergency first aid response in an education and care setting

## Language and cultural diversity:

- Australian citizen
  Permanent Resident of Australia  
 Holder of a special category Visa (what visa: \_\_\_\_\_)  
 Asylum seeker from \_\_\_\_\_
  New Zealand citizen

In which country were you born?  Australia  Other – please specify: \_\_\_\_\_

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)  No, English only  Yes, other – please specify: \_\_\_\_\_

How well do you speak English?  Very Well  Well  Not Well  Not At All

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

- No
  Yes, Torres Strait Islander
  Yes, Aboriginal

## Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- Full Time Employee
  Self employed – not employing others
  Unemployed – seeking part time work  
 Part Time Employee
  Employer
  Unemployed – seeking full time work  
 Not employed – not seeking employment
  Employed – unpaid worker in a Family Business

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)

- 1 - Manager
  2 - Professionals
  3 - Technicians and Trades Workers  
 4 - Community and Personal Service Workers
  5 - Clerical and Administrative Workers  
 6 - Sales Workers
  7 - Machinery Operators and Drivers
  8 - Labourers  
 9 - Other: \_\_\_\_\_

Which of the following classifications BEST describes the industry of your current or recent occupation? (Tick ONE box only)

- A – Agriculture, Forestry and Fishing
  B - Mining
  C - Manufacturing  
 D – Electricity, Gas, Water and Waste Services
  E – Construction
  F – Wholesale Trade  
 G – Retail Trade
  H – Accommodation & Food Services
  I – Transport, Postal and Warehousing  
 J – Information Media and Telecommunications
  K – Financial and Insurance Services  
 L – Rental, Hiring and Real Estate Services
  M – Professional, Scientific, and Technical Services  
 N – Administrative and Support Services
  O – Public Administration and Safety  
 P – Education and Training
  Q – Health Care and Social Assistance  
 R – Arts and Recreation Services
  S - Other: \_\_\_\_\_

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## Study Reason

Of the following categories, which **BEST** describes your main reason for undertaking this course? (Tick one box only)

- 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 for my job  
 To get into another course of study                       For personal interest or self development  
 I wanted extra skills for my job                       Other reasons (please specify): \_\_\_\_\_

## Schooling

What is your highest **COMPLETED** school level? (Please tick **ONE** box only)

- Completed Year 12                                       Completed Year 11                                       Completed Year 10  
 Completed Year 9 or equivalent                       Completed Year 8 or lower                                       Never attended school

In which **YEAR** did you complete that school level? \_\_\_\_\_ And where? \_\_\_\_\_

Are you still attending secondary school?                       Yes                       No

## Previous Qualification Achieved

Have you **SUCCESSFULLY** completed any of the below qualifications?                       Yes                       No

If Yes, please provide Provider Name and Last Year enrolled: \_\_\_\_\_

If Yes, please enter **one** of these Prior Education Achievement Recognition Identifiers **any** applicable qualification level.

- A – Australian
- E – Australian equivalent
- I – International

A	E	I	Qualification	Name of Qualification
			Bachelor Degree or Higher Degree	
			Advanced Diploma or Associate Degree	
			Diploma (or Associate Diploma)	
			Certificate IV (or Advanced Certificate/Technician	
			Certificate III (or Trade Certificate)	
			Certificate II	
			Certificate I	
			Certificates other than the above	

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## Unique Student Identifier

If you are undertaking nationally recognised training delivered by a registered training organisation (such as Gowrie Victoria) from 1 January 2015 you will need to have a Unique Student Identifier (USI). A USI account will contain all of your nationally recognised training records and results from 1 January 2015 onwards. Learners who have completed any units or qualifications from 2015 onwards will not be issued their certificates and/or statements of attainment until a verified USI has been created for you as per the Student Identifiers Act 2014. For more information on the USI, visit <http://usi.gov.au/>.

My 10 digit USI is: \_\_\_\_\_

Please note that Gowrie Victoria may need to contact you for permission to access your details on the Student Identifiers Registrar during your application if we are unable to access information we require during your application with Gowrie Victoria.

## Medical Condition and/or Disability Information and Disclosure

Do you consider yourself to have a disability, impairment or long-term medical condition?  Yes  No

Please provide details below of any pre-existing injuries or medical conditions that your facilitator should be aware of, including medication or treatment required in case of emergency:

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If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate, more than one area)

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

Please answer Yes or No to any of the following items that apply to your past medical history or present condition

- Yes  No I have asthma, emphysema or tuberculosis  
 Yes  No I am diabetic  
 Yes  No I have a history of heart condition (eg. cardiovascular disease, angina, and heart attack)  
 Yes  No I have a history of seizures, dizziness or fainting  
 Yes  No I have a nervous system disorder  
 Yes  No I have behavioural health, mental or psychological disorders  
 Yes  No I have recurrent back problems, history of back or spinal surgery  
 Yes  No I am currently taking prescription medication: \_\_\_\_\_  
 Yes  No I have recently had an operation or illness  
 Yes  No I am under the care of a physician or have chronic illness

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### Medical Information Declaration - Learner

I \_\_\_\_\_ acknowledge that I have read the foregoing paragraphs regarding disclosure of a disability or medical condition, and fully understand the requirements and risks associated with undertaking this course.

I understand that there are certain risks associated with working with children, including physical hazards occurring in the workplace. I declare that I am in good mental and physical fitness for working with children, and that I am not under the influence of alcohol nor am I under the influence of any drugs, and if I am taking medication, I declare that I have seen a physician and have approval to undertake this course, including practical placement, while under the influence of the medication.

Learner signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If submitting via post or in person; by signing your name you agree to the above.**

**If submitting electronically; a Digital ID configuration is required.**

### Medical Information Declaration – Parent / Guardian

As the parent/guardian, I fully understand the requirements and risks associated with undertaking this course, and understand and agree that it is my responsibility to evaluate whether the candidate should participate in this course. My decision is based on my knowledge of the mental, physical and emotional abilities of the candidate, as well as their medical history. I understand that it is my responsibility to discuss with a physician any questions I have regarding the candidate's ability to undertake this course and participate in practical placement. I understand that it is my responsibility to continue to monitor the abilities and health of the candidate to determine whether they should continue in this program.

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Learner Declaration & Privacy Statement

**Please note that this enrolment will not be accepted until this statement is signed by the learner.**

I, \_\_\_\_\_ (insert full name) agree to abide by and comply with the standards of conduct and the regulations and rules of Gowrie Victoria whilst I remain an enrolled learner. I declare that the information supplied on this form is correct and complete. I agree to pay any fees and charges associated with my course and outlined in the invoice.

#### Privacy Statement

Gowrie Victoria takes its obligations under the *Privacy Act 1988 (Commonwealth)*, the *Health Records Act 2001 (Victorian)* and other applicable privacy laws seriously. We respect the personal information that we hold. Our policy sets out how we handle personal information about individuals. Personal information is collected for the purpose of:

- \* providing our services
- \* research and developing our services
- \* reporting to government authorities
- \* complying with the law

All Registered Training Organisations (RTOs) are required to report information to their state and territory training authority. The range of information required includes the courses and subjects in which learners are enrolled, their age and gender, and the location of training. This information is used to:

- \* develop a picture of the vocational educational and training sector in Australia
- \* inform policy decisions
- \* enable reporting on what has been achieved with government funds
- \* assist in future planning



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**All learners (and their parent/guardian if learner is under age of 18 years) have the right to view information stored in their personal file.**

The Lady Gowrie Child Centre (Melbourne) Inc. may also disclose your personal information to another person, body or agency without your consent where authorised or required by law.

**I understand that:** Gowrie Victoria is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with learner and training activity data which may include information I provide in this application form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines 2017 (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 Gowrie Victoria 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 learner information may be used or disclosed please contact Gowrie Victoria's Privacy Officer on 03 9362 2210 or [training@gowrievictoria.org.au](mailto:training@gowrievictoria.org.au).

**I acknowledge and agree to the terms described in this privacy statement:**

Learner signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If submitting via post or in person; by signing your name you agree to the above.**

**If submitting electronically; a Digital ID configuration is required.**

**Signature of parent or guardian is required if learner is under 18 years of age:**

Parent or guardian signature: \_\_\_\_\_

Parent / guardian name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY:

HLTAID004 Proposed Course Commencement Date: \_\_\_\_\_

Course fee paid:  Yes  N Date of Application: \_\_\_\_\_ Applied With: \_\_\_\_\_

VETtrak Enrolment Date \_\_\_\_\_

Online login details sent:  Yes  N Date: \_\_\_\_\_