

APPLICATION FORM

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

Emergency Contact Details:

Please provide as much information as possible in case of emergency. The information will be treated as confidential and will remain on site for reference in a medical emergency

Emergency Contact Person 1:

Surname: _____ Given name: _____

(Relationship): _____ Phone: _____

I authorise my facilitator to call an ambulance and seek any further medical assistance that is in my best interest and deemed necessary in case of emergency.

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: _____

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

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

Where did you complete that school level? _____

Are you still attending secondary school? Yes No



APPLICATION FORM

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

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: _____

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	

APPLICATION FORM

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

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:

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

APPLICATION FORM

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

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



APPLICATION FORM

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

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.

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 (NCVER) 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 1300 446 974 or training@gowrievictoria.org.au.

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

SIGN HERE

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: _____