

Application for Unit Enrolment

The information contained in this form is used for enrolment and statistical purposes; to assist in research and evaluation by relevant government agencies and E-Medics

UNIT DETAILS			
Tick the Unit(s) you wish to enrol in			
<input type="checkbox"/> Provide cardiopulmonary resuscitation - HLTAID009		<input type="checkbox"/> Provide First Aid - HLTAID011	
<input type="checkbox"/> Provide Advanced First Aid - HLTAID014		<input type="checkbox"/> Provide advanced resuscitation and oxygen therapy - HLTAID015	
<input type="checkbox"/> Assist clients with medication - HLTHPS006		<input type="checkbox"/> Apply basic principles and practices of infection prevention and control - HLTINF006	
Delivery mode:	<input type="checkbox"/> Distance	<input type="checkbox"/> Face to face	<input type="checkbox"/> Combination
Is RPL being sought as part of this qualification?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact your trainer for further details		
Preferred Course Start date:			
PERSONAL DETAILS			
Name:			Date of Birth: / /
Address:			Post Code:
Phone:	Hm	Wk	Mob
Email:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Cultural diversity and language. Are you:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Yes both <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander		
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In which country were you born?			
Is English your first spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



If yes, Language spoken?			
How well do you speak English?		<input type="checkbox"/> Well	<input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Do you have a disability, impairment or long-term health condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please advise condition:			
Emergency Contact Details			
Name:			Relationship:
Phone:	Hm	Wk	Mob
EMPLOYER DETAILS (if applicable)			
Trading Name:			
Supervisor:			
Address:			Postcode:
Phone:		Fax:	
Email:			
EDUCATION DETAILS			
What is your highest completed school level?	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10
	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	
What year did you complete this level?			
Have you successfully completed any of the following qualification levels?	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert II	<input type="checkbox"/> Cert III
	<input type="checkbox"/> Cert IV	<input type="checkbox"/> Diploma	<input type="checkbox"/> Adv Diploma
	<input type="checkbox"/> Bachelor's degree or higher		
EMPLOYMENT STATUS			
which best describes your current employment status? (Tick ONE box only)	<input type="checkbox"/> Part time employee		<input type="checkbox"/> Full time employee
	<input type="checkbox"/> Unemployed seeking full time work		<input type="checkbox"/> Unemployed seeking part time work
	<input type="checkbox"/> Employer		
	<input type="checkbox"/> Self-employed but not employing others		
REASON FOR STUDY			
What is your reason for	<input type="checkbox"/> To get employment		<input type="checkbox"/> To develop existing skills
	<input type="checkbox"/> To start my own business		<input type="checkbox"/> To change careers



undertaking this course?	<input type="checkbox"/> To get a promotion	<input type="checkbox"/> Job requirement
	<input type="checkbox"/> Personal interest	<input type="checkbox"/> To get a better job
	<input type="checkbox"/> To get into another course of study	

Unique Identifier Number (USI)

We can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on a computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

USI No: _____

STUDENT DECLARATION

<p>I declare that the information I have provided to the best of my knowledge is true and correct.</p> <p>I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.</p> <p>I acknowledge that I have read and understood the information provided in this form. I also acknowledge that I have read the college student prospectus, and marketing material, and received full information from E-Medics's) before making the decision to enrol in the course(s). I agree to abide by the above terms & conditions. The information and documents I provided are true, genuine, and correct in all respects.</p>	<p>Student Signature: _____</p> <p>Date: ____/____/____</p> <p>Note: If a student is under 18 years old, the signature Parent or guardian is required.</p> <p>Parent/Guardian Signature: _____</p> <p>Date: ____/____/____</p>
---	--



Completed Application along with **Copies** of the following essential documents can be emailed or hand delivered to:

Admissions Officer

Email: admissions@emedics.edu.au

Documents to be attached with the Application for Enrolment

(Attach verified translated copies of documents not in English)

- Birth Certificate
- Evidence of highest academic qualifications
- Evidence of English competency
- Related work experience, if any

Office Use Only

Date Application Received:		Received By:	
----------------------------	--	--------------	--

Decision on Application (please *circle* decision)

Accepted / Rejected

Signature:	
Name:	