



# REGISTRATION FORM

## MEDICATION ADMINISTRATION FOR DIVISION 2 REGISTERED NURSES IN VICTORIA HLTEN507A & HLTAP501A FULL FEE STUDENT AGREEMENT

Successful entry into the course will be determined by:

- ✓ correct completion of this registration form,
- ✓ payment of fees when submitting this registration form and
- ✓ satisfying all course pre-requisites.

Please complete all pages of this form and return with full payment or deposit to Care Training Australia Pty Ltd, in person or via mail/fax. Please note registration closes 2 weeks prior to course commencement. Contact CTA via phone 03 9571 8611 or email [info@ctaonline.com.au](mailto:info@ctaonline.com.au) for commencement dates, class dates and times. People with disabilities may be able to apply.

### COURSE COST:

**Full fee on registration \$2,200.00**

**Materials provided:** Student Handbook; Student ID Badge; Student Handouts and Medications Calculations CD Rom.

**Textbooks required:**

It is compulsory that you purchase these prior to commencement of the course:

- **Medical Dictionary**
- **MIMS Book** - obtain from GP or hospitals or purchase from MIMS or e-bay
- D, Aschenbrenner and S, Venable (2009). Drug Therapy in Nursing. Lippincott, Williams and Wilkins.
- Walters Kluwer Health. Nursing (2009) Drug Handbook. Lippincott, Williams and Wilkins.

**It is important that you read the Refund Policy located in the CTA Student Handbook prior to payment.** Fees are due and payable prior to course commencement to secure your place in the course. No GST is applicable. You may be eligible for a concession or exemption - strict conditions apply. For further details please contact the CTA office.

### PAYMENT METHOD:

Select your payment method below. Please note that cash and EFTPOS payments must be made in person only.

- Cash**                                       **EFTPOS**                                       **Cheque**
- Credit card:**     *Visa*     *Bankcard*     *Mastercard*

*Name on card:* \_\_\_\_\_ *Signature:* \_\_\_\_\_  
*Card number:* \_\_\_\_\_ *Expiry date:* \_\_\_\_\_ *Amount: \$* \_\_\_\_\_

### PERSONAL DETAILS:

Preferred Intake Date (if applicable): \_\_\_\_\_

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_  
(Full name as appears on birth certificate or passport)

Residency Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

*(continued on next page...)*

### OFFICE USE ONLY

Paid: \$ \_\_\_\_\_  In Full     Payment Scheme                                      Date received: \_\_\_\_\_

Course commencement date: \_\_\_\_\_ Group: \_\_\_\_\_ VETTRAK No: \_\_\_\_\_

Payment method:     Cash     EFTPOS     Credit card     Cheque: No. \_\_\_\_\_



# REGISTRATION FORM

## PERSONAL DETAILS: *(continued)*

Email Address:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Country of Birth:
Nationality:	Main Languages Spoken:
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Are you an Australian Citizen/Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on an Overseas Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes: Visa No:</i>	<i>Type of Visa:</i>
<i>Passport No:</i>	<i>Country of Issue:</i>
Are you an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
Do you have a significant disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please attach medical details to this form</i>

## WORK DETAILS:

Facility/Organisation Name:	
Address:	
D.O.N. or Manager's Name:	Phone No:

## EDUCATION AND EMPLOYMENT DETAILS:

What is your highest COMPLETED school level in Australia, and in which year did you complete that school level?

Year 12  Year 11  Year 10  Year 9 or lower  N/A Year completed:

Since leaving school, have you successfully COMPLETED any of the following qualifications in Australia? Select one or more:

<input type="checkbox"/> Certificate 1	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Diploma	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Graduate Diploma or higher

Please indicate your current employment situation (select one):

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time/casual employee	<input type="checkbox"/> Employed - unpaid worker in family business
<input type="checkbox"/> Employer	<input type="checkbox"/> Self employed - not employing others	<input type="checkbox"/> School leaver
<input type="checkbox"/> Unemployed - seeking full time work	<input type="checkbox"/> Unemployed - seeking part time work	<input type="checkbox"/> Unemployed - not seeking work

What is your main reason for undertaking this course/traineeship? Select one:

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

## EMERGENCY CONTACT DETAILS:

Contact person:	Relationship to you:	
Address:		
Home Phone:	Mobile:	Work Phone:
Medical Officer in case of emergency:	Phone:	



# REGISTRATION FORM

## APPLICATION CHECKLIST:

Applicants are required to provide a copy of each of the following documents (where applicable) together with this registration form.

- All courses:** Proof of Australian citizenship, permanent residency or an appropriate visa
- Certificate III & IV courses:** Year 12 Certificate and transcript, or Literacy and Numeracy Test
- Medication Administration:** Division 2 Certificate
- Medication Administration, if completed Div 2 Training before 1995:** Literacy (Level 4), Numeracy (Level 3) and Anatomy and Physiology Test
- Courses with clinical placement:** Current Victorian Police Record Check
- Courses with clinical placement:** Up to date immunisations

For a full list of pre-requisites applicable to each individual course, please refer to the course brochure.

## SURVEY QUESTION:

Please tell us where you've heard of CTA, and elaborate where indicated if possible. Select more than one if applicable:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Leader newspaper                | <input type="checkbox"/> Herald Sun newspaper   | <input type="checkbox"/> The Age newspaper             |
| <input type="checkbox"/> Nursing Post magazine           | <input type="checkbox"/> Aust'n Nursing Journal | <input type="checkbox"/> Aust'n Ageing Agenda magazine |
| <input type="checkbox"/> Nursing Review magazine         | <input type="checkbox"/> TAFE Guide             | <input type="checkbox"/> Job Guide                     |
| <input type="checkbox"/> Aust'n College & Training Guide | <input type="checkbox"/> White Pages            | <input type="checkbox"/> Yellow Pages                  |
| <input type="checkbox"/> Radio commercial                | <input type="checkbox"/> Direct email from CTA  | <input type="checkbox"/> Direct mail from CTA          |
| <input type="checkbox"/> Centrelink                      | <input type="checkbox"/> TAFE Hotline           | <input type="checkbox"/> Passerby/Building signage     |
| <input type="checkbox"/> Internet search: _____          |   |  |
| <input type="checkbox"/> Expo/Conference/Seminar: _____  |   |  |
| <input type="checkbox"/> Word-of-mouth/Referral: _____   |   |  |
| <input type="checkbox"/> Other: _____                    |   |  |

## STUDENT PRIVACY:

1. I am aware that CTA has a privacy policy and that my individual right to privacy will be protected.
2. I authorize CTA to release information concerning my record to:
  - (a) any government department where legally required, or
  - (b) apprenticeship authorities and my employer if I am undertaking apprenticeship studies.
3. I consent to the use of my image for reproduction in administrative and promotional publications published by or pertaining to Care Training Australia Pty Ltd. I give my consent without consideration of remuneration.

## STUDENT DECLARATION:

1. I acknowledge that the information on this form and any supporting documentation is correct and complete.
2. I have read and understood the information and guidelines relating to course costs, application pre-requisites and privacy as stated in this registration form.
3. I acknowledge that I have read the CTA Student Handbook.
4. I have a computer and broadband internet at home (for online student applicants only).

Applicant's Full Name: \_\_\_\_\_ Applicant's drivers licence no: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTA Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# REGISTRATION FORM

## PRE-ENTRANCE ASSESSMENT

### ADDITIONAL STUDIES:

List any additional studies you have undertaken since leaving school:

Date/s	Level of study e.g. Apprenticeship Certificate, Industry course	Details of studies e.g. Title/Name of Course	Results e.g. Pass, Certificate of Attendance, Not Completed

Have you been involved in any other programs or courses (e.g. staff development programs)? Please give details:

Date/s	Details of program or course

### WORK EXPERIENCE:

Indicate below any work experience, including full time, part time, voluntary or unpaid work. Start with the most recent job:

Employer	Type of Work	F/T or P/T	Start Date	End Date

#### Credit Transfer:

I have completed relevant course modules elsewhere in Australia. I wish to apply for Credit Transfer and have attached certificates or transcript results.

#### Recognition of Prior Learning:

I wish to apply for RPL and have attached a written explanation. I have also attached references or certificates/transcript results, where applicable.

### OTHER INTERESTS OR SKILLS:

List any other interests or skills you have gained, briefly describing your involvement including official positions. e.g. being a parent, organising family business, accounts, involvement in school committees, hobby groups, team, club, society, association or community organisations.


### REASON FOR ENROLLING IN COURSE:

What is your main reason for undertaking this course/traineeship?
