

MEDICAL TERMINOLOGY

FULL FEE STUDENT AGREEMENT

Successful entry into the course will be determined by:

- ✓ correct completion of this registration form and
- ✓ 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 for commencement dates, class dates and times. People with disabilities may be able to apply.

COURSE COST:

Full fee on registration \$300.00

Inclusive of: Online access, resources and tutorial support.

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?
