

## MANUAL HANDLING 2009 APPLICATION FOR ENROLMENT FORM

**Instructions:**

Please fill in all sections clearly and carefully by writing in block letters. Information requested on this form is also for national database and tracking purposes and assists in qualification issuance.

**1. PERSONAL DETAILS**

Title: *(Please tick)*    Mr     Ms     Mrs     Miss     Other  \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male  Female:

Emergency/Next of Kin Contact Details: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**2. MANUAL HANDLING 2009 COURSE DETAILS**

Please note all places are allocated on a 'first in' basis. There is a maximum of 12 places in each course. If your preferences are not available you will be allocated a place in the next available course. You will receive a confirmation notice to confirm your enrolment details.

Please select the course below by placing a tick in the selection box of the program required.

North – Location Advanced Life Care Launceston				
Code	Program	Date	Time	Selection Box √
MHN5	Full day accreditation	15 <sup>th</sup> June	9.00am to 4.00pm	
MHN6	Full day accreditation	3 <sup>rd</sup> August	9.00am to 4.00pm	
MHN7	Full day accreditation	31 <sup>st</sup> August	9.00am to 4.00pm	
MHN8	Full day accreditation	12 <sup>th</sup> October	9.00am to 4.00pm	
MHN9	Full day accreditation	16 <sup>th</sup> November	9.00am to 4.00pm	



## 7. DISABILITY

Do you consider that you have a disability, impairment or long-term condition that may affect your participation or learning in this program? (You may indicate more than one area)  No

Vision     Hearing/Deaf     Physical condition     Medical Condition

Intellectual     Mental Illness     Learning difficulty     Acquired Brain Impairment

Other \_\_\_\_\_

## 8. CONSENT

Further, I authorise State Enterprise Training deleted to seek information about any aspect of the course/qualification I am undertaking for the purpose of properly managing the qualification processes. This may include obtaining copies of relevant forms and documents, progress reports and quality checks. Such information may also be gathered by State and Commonwealth funding & training authorities, other Registered Training Organisations, and the Australian Apprenticeship Centre. I understand that information contained in these forms may be provided to State and Commonwealth agencies and I consent to that occurring. Personal information will be managed in accordance with the *Personal Information Protection Act 2004*. I understand that State Enterprise Training will not pass this information to any other unauthorised party without my written permission

## 9. WAIVER

I understand that State Enterprise Training take no responsibility for any injuries that may occur during manual handling sessions. All tasks completed during the sessions are simulated normal work practices conducted by experienced manual handling trainers. It is expected that you are of reasonable fitness and for any medical condition you may have, you have sought medical advice from your medical practioner before attending the session. The information provided in the sessions is not advice. The content is educational material. It is expected you would follow the policies & procedures in force at your workplace at all times.

## 10. DECLARATION

I have read and understood all details in this form and I certify that all information provided by me on this form is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Administration only: State Enterprise Training representative

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_