

MEDICATION ADMINISTRATION APPLICATION FOR ENROLMENT FORM

Checklist before submitting your enrolment form

- Completed all sections
- Read & understood the cancellation policy
- Selected the relevant course by placing a tick in the box
- Selected a final assessment session time by placing a tick in the relevant box
- Copy attached of your current first aid statement/certificate.
(Compulsory for staff from disability service providers that are funded by DHHS Tas)
- Section (4) filled in

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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: _____

Relationship to Emergency / Next of Kin: _____

2. MEDICATION ACCREDITATION 2010 COURSE DETAILS

This enrolment is for the prerequisite unit HLTAP301A – recognise healthy body systems in a health care context and the medication unit CHCCS305A – Assist clients with medication.

Please note all places are allocated on a 'first in' basis. There is a maximum of 15 places in each course. If your preferences are not available you will be allocated a place in the next available course or assessment session. You will receive a confirmation notice to confirm your enrolment details.

Prerequisite: A copy of your current first aid statement/certificate must be submitted with this enrolment.

- i) Please select the course below by placing a tick in the selection box of the course required and
- ii) Please select preferred final assessment session time. Please tick only one preference time.

Code	North West			
	Workshops	Final Assessment	Selection Box √	Preferred final assessment session √
MNW1	16 th & 17 th Feb	23 rd March		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MNW2	20 th & 21 st April	25 th May		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MNW3	22 nd & 23 rd June	27 th July		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MNW4	17 th & 18 th August	28 th Sept		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MNW5	19 th & 20 th Oct	23 rd Nov		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm

Code	South			
	Workshops	Final Assessment	Selection Box √	Preferred final assessment session √
MS1	19 th & 20 th Jan	23 rd Feb		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS2	9 th & 10 th Feb	16 th March		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS3	9 th 10 th & 11 th Mar	15 th April		<input type="checkbox"/> 3.00pm <input type="checkbox"/> 5.00pm
MS4	13 th & 14 th April	18 th May		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS5	11 th & 12 th May	15 th June		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS6	8 th & 9 th June	13 th July		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS7	6 th , 7 th & 8 th July	3 rd August		<input type="checkbox"/> 3.00pm <input type="checkbox"/> 5.00pm
MS8	10 th & 11 th Aug	14 th Sept		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS9	7 th & 8 th Sept	5 th Oct		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS10	12 th & 13 th Oct	16 th Nov		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MS11	9 th & 10 th Nov	7 th Dec		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm

Code	North			
	Workshops	Final Assessment	Selection Box √	Preferred final assessment session √
MN1	19 th & 20 th Jan	23 rd Feb		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN2	9 th & 10 th Feb	16 th March		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN3	9 th 10 th & 11 th Mar	16 th April		<input type="checkbox"/> 3.00pm <input type="checkbox"/> 5.00pm
MN4	13 th & 14 th April	18 th May		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN5	11 th & 12 th May	15 th June		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN6	8 th & 9 th June	13 th July		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN7	6 th , 7 th & 8 th July	3 rd August		<input type="checkbox"/> 3.00pm <input type="checkbox"/> 5.00pm
MN8	10 th & 11 th Aug	14 th Sept		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN9	7 th & 8 th Sept	5 th Oct		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN10	12 th & 13 th Oct	16 th Nov		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm
MN11	9 th & 10 th Nov	7 th Dec		<input type="checkbox"/> 9.30am <input type="checkbox"/> 11.00am <input type="checkbox"/> 1.30pm

3. EMPLOYMENT DETAILS

Name of Employer: _____

Contact Person: _____ Position: _____

Address: _____

Town/Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____

Employment Status: Full Time Part time Casual

4. NOMINATED SUPERVISOR

Eligibility criteria: *(Please read criteria below before proceeding any further)*

- Supervisor must be an experienced staff person in a senior role to the training participant.
- Supervisor has achieved the minimum required accreditation standards in medication administration and has been currently practicing those competencies for a minimum of 2 years.
- Supervisor is able to mentor & co-assess the participant throughout the duration of the program and able to assist the participant in the completion of assessment activities if required.
- Supervisor is able to maintain monitoring contact with the SET program facilitator when required.

Nominated Workplace Supervisor: _____ Mobile: _____

5. CANCELLATION POLICY

State enterprise training cancellation

If in the unlikely event any program is cancelled by state enterprise training then a full refund of all fees paid up until that point will be refunded.

Participant cancellation

Cancellation notice for all enrolments will be accepted up until 5.00pm on the Wednesday before the course commencement day. A cancellation fee of \$35.00 will be charged in this instance. Should the enrolment be cancelled after this time full fees will be charged to the employer.

Once the first day of a course commences then all enrolled participants will be charged. There are no refunds after the commencement day of each course. A self-funded participant or service organisation can receive a credit note to attend a future course based on availability of places.

6. LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal AND Torres Strait Islander origin, tick both boxes)

No Aboriginal Torres Strait Islander

Do you speak a language other than English at home?

No, English only (*Go to disability section*) Yes, other – please specify _____

If you speak a language other than English,

How well do you speak English? Very Well Well Not well Not at all

7. DISABILITY

Do you consider that you have a disability, impairment or long-term condition that may affect your learning?
(You may indicate more than one area)

- | | | | | |
|--------------------------------|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired Brain Impairment |

8. CONSENT

Individuals will be advised firstly of a 'not yet competent result' in the functional English, literacy & numeracy assessment. This information will then be shared with the current employer if applicable to be able to arrange suitable training support. By signing the declaration below all parties understand & agree if the situation arises, for this to occur.

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 party without my written permission

9. ENROLMENT SIGNATURE

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.

Applicant Signature: _____ Date: _____

Authorised Person's Name: _____ Position: _____

Authorised Person's Signature: _____ Date: _____