

MEDICATION ADMINISTRATION & FIRST AID 2009 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

Medication only:

- 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)
- Nominated Workplace Supervisor Application filled in

Applications and cancellations for all courses close 5.00pm on the
Wednesday before course commencement day

Administration only: State Enterprise Training representative

Name: _____ Position: _____

Signed: _____ Date: _____

Nominated Workplace Supervisor Application

(Medication administration program 2009)

Section one to five be completed by Nominated Workplace Supervisor

Introduction

As part of the enrolment criteria for completion of this qualification/course with State Enterprise Training, applicants are required to nominate an eligible workplace supervisor to provide on-the job assessment & support.

A key role of a nominated workplace supervisor is to observe, assess and report on essential *Skills & knowledge required* to be demonstrated by a participant for successful completion of a specified unit of competence.

A *supervisor's guide* will be provided to the nominated workplace supervisor to ensure they have the essential information complete this role. Further resources & coaching will also be provided to ensure they have the appropriate tools & understanding to complete the role successfully.

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.

SECTION ONE: Nominated supervisor details

Supervisor name:

Date of birth:

Work number: Mobile:

Email:

SECTION TWO: Supervisor job role & medication administration endorsement

Job role: (Please specify)

Years of experience in the role:

Prior qualifications achieved:

Medication administration: Do you have a current endorsement to administer medication

Yes No

SECTION THREE: Working relationship with the program participant

Participant name:

Describe your workplace mentoring/coaching relationship with the program participant:

How long have you worked with and/or supervised the applicant?

- 0-1 years 1-3 years 3-5 years 5+ years

Participant name:

Describe your workplace mentoring/coaching relationship with the program participant:

How long have you worked with and/or supervised the applicant?

- 0-1 years 1-3 years 3-5 years 5+ years

Participant name:

Describe your workplace mentoring/coaching relationship with the program participant:

How long have you worked with and/or supervised the applicant?

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Participant name:

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How long have you worked with and/or supervised the applicant?

- 0-1 years 1-3 years 3-5 years 5+ years

SECTION FOUR**Opportunity to have your competencies assessed**

The role of nominated workplace supervisor involves the demonstration of advanced competencies including, providing workplace leadership, assessing workplace competence, coaching & mentoring. State Enterprise Training is providing the opportunity to have these competencies assessed whilst you are undertaking this role. This service will be provided at no additional cost. If you would like further information regarding this opportunity, please tick the box below.

- Yes. Please provide me further information regarding this opportunity.

SECTION FIVE: Nominated workplace supervisor agreement

I agree to act as the nominated workplace supervisor for the above mentioned program participant(s) for the duration of the program and I certify that all details provided on this form are correct.

Signed: Date:/...../.....

Please submit this application to State Enterprise Training:

Fax: 0363436611

Mail: PO Box 768, Kings Meadows, TAS 7249

Email: admin@setraining.com.au

Any further queries please contact:

Amanda West

Community Services Coordinator

03 63436600

amanda.west@setraining.com.au

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. MEDICATION ACCREDITATION 2009 COURSE DETAILS

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.

Each day 9.00am to 4.00pm with breaks

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	South			
	Workshops	Final Assessment	Selection Box √	Preferred final assessment session √
MS1	10 th & 11 th Feb	17 th March		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS2	10 th & 11 th March	21 st April		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS3	12 th & 13 th May	16 th June		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS4	9 th & 10 th June	14 th July		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS5	7 th & 8 th July	18 th August		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS6	11 th & 12 th Aug	15 th Sept		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS7	8 th & 9 th Sept	13 th October		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MS8	6 th & 7 th Oct	10 th November		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm

Code	North			
	Workshops	Final Assessment	Selection Box √	Preferred final assessment session √
MN2	10 th & 11 th March	21 st April		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MN3	12 th & 13 th May	16 th June		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MN4	9 th & 10 th June	14 th July		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MN5	7 th & 8 th July	25 th August		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MN6	11 th & 12 th Aug	15 th Sept		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MN7	8 th & 9 th Sept	13 th Oct		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MN8	6 th & 7 th Oct	10 th Nov		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm

Code	North West			
	Workshops	Final Assessment	Selection Box √	Preferred final assessment session √
MNW2	19 th & 20 th May	23 rd June		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MNW3	18 th & 19 th Aug	22 nd Sept		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm
MNW4	20 th & 21 st Oct	24 th Nov		<input type="checkbox"/> 9.00am <input type="checkbox"/> 11.00am <input type="checkbox"/> 2.00pm

3. FIRST AID 2009 COURSE DETAILS

Please note all places are allocated on a 'first in' basis. There are a maximum of 15 places available 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.

Each day commencing at 9.00am and finishing at 5.00pm

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

Code	South	
	Delivery	Selection Box √
FAS1	3 rd & 4 th February	
FAS2	28 th & 29 th April	
FAS3	30 th June & 1 st July	
FAS4	25 th & 26 th August	
FAS5	11 th & 12 th November	

Code	North	
	Delivery	Selection Box √
FAN1	3 rd & 4 th March	
FAN2	5 th & 6 th May	
FAN3	21 st & 22 nd July	
FAN4	1 st & 2 nd September	

Code	North West	
	Delivery	Selection Box √
FANW1	5 th & 6 th March	
FANW2	7 th & 8 th May	
FANW3	23 rd & 24 th July	
FANW4	3 rd & 4 th September	

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.

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 you 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. 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: _____