

Application form

Cancer Education Course for Aboriginal health professionals

HLTAHW035 Provide information and support around cancer

Course date: Monday 18th Feb to Friday 22nd Feb 2019

Applications close: 5pm, Monday 21st January 2019

Fax: (08) 9212 4334

Please return your application to: Taneisha Hansen thansen@cancerwa.asn.au

or James Harris james.harris@ahcwa.org

Personal Details

Surname:		Given Name(s):	
Date of birth:			
Address:		Postcode:	
Phone (Home):		Phone (Mobile):	
Phone (Work):		Email:	
Language:		Country of birth:	
Do you identify as Aboriginal and/or Torres Strait Islander?:			
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both <input type="checkbox"/> No			

Disability

I have a disability that will impact on my learning:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
My disability is:	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Visual <input type="checkbox"/> Physical <input type="checkbox"/> Mental health	<input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Medical condition <input type="checkbox"/> Learning <input type="checkbox"/> Intellectual <input type="checkbox"/> Other

Emergency Contact Details

Contact Person 1	
Name:	Relationship:
Phone:	Email:

Contact Person 2	
Name:	Relationship:
Phone:	Email:

Employment Details

What is your employment status (Please tick):

- Employed full-time
- Employed part-time
- Self-employed
- Employer
- Employed – unpaid in a family business
- Unemployed – seeking employment
- Unemployed – not seeking employment

If you are employed, please answer the following:

Place of employment:	
Current job position:	
Employer address:	
Employer phone:	Employer fax:

Education Details

Are you still at school?

- Yes
- No

What is your highest level of school completed?:

- | | |
|---|--|
| <input type="checkbox"/> Did not go to school | <input type="checkbox"/> Completed Year 10 |
| <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Completed Year 11 |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Completed Year 12 |

Have you completed or are you currently undertaking any higher education:

- | | |
|--|--|
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Advanced Diploma/Associate Degree |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Degree or higher |
| <input type="checkbox"/> Certificate III or IV | |

Name of Qualification:

Student USI (Unique Student Identifier) Number: _____
 (If you do not have a USI number, you can obtain one by following the instructions in the link below)
<http://www.usi.gov.au>

What other courses have you attended that relate to cancer?

Tell us about what you do at work on a day to day basis?

Attendance Requirements

The AHCWA's Registered Training Organisation (RTO) has a specific attendance requirement - that with all absences students must provide a valid reason. Failing to meet these standards may result in students deemed not yet competent and unable to complete the course within the expected duration.

It is the RTO's requirement to keep record of attendance for the RTO, Employer, and Assessment purposes in compliance with the Australian Quality Skills Authority (ASQA 2012), as well for Centrelink students receiving Abstudy payments.

Student attendance impacts on the course delivery, continuity, consolidation of skills and valid assessment procedures. It is **COMPULSORY** that students attend each training session.

Privacy Notice

Under the *Data Provision Requirements 2012*, Aboriginal Health Council of Western Australia (AHCWA) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by AHCWA for statistical, regulatory and research purposes. AHCWA may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and



- Administering VET, including programme administration, regulation, monitoring and evaluation.



Course costs

Cancer Council WA will provide all course materials, catering and costs of travel to external sites during the course. All other costs incurred outside of the course including travel, accommodation, meals and incidentals must be provided and arranged by your organisation/employer.

Student Agreement

- The information provided in this application is true and accurate.
- I have read through and am aware of the Attendance Requirements.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I understand that my organisation is responsible for providing and arranging costs incurred outside of the course.
- I will notify the RTO of any personal circumstances which may affect my learning.

Applicant's name: _____

Applicant's signature: _____ Date: ____/____/____

Please return your application to: Taneisha Hansen thansen@cancerwa.asn.au or James Harris james.harris@ahcwa.org