

# APPLICATION FORM.

## Cancer Education Course for Aboriginal Health Professionals

HLTAHW035 Provide information and support around cancer

**Course date:** Monday 14 - Friday 18 June 2021

**Applications close:** 5pm Thursday 10 June 2021

Please return your application to Kristy Stewart at [Kristy.Stewart@cancerwa.asn.au](mailto:Kristy.Stewart@cancerwa.asn.au)

### PERSONAL DETAILS

Title: \_\_\_\_\_ 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?

Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both  No

### DISABILITY

I have a disability that will impact on my learning:  Yes  No

My disability is:  Hearing/deaf  Visual  Physical  Mental health  Acquired brain impairment  Learning

Intellectual  Medical condition  Other (please specify): \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

#### CONTACT PERSON 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

#### CONTACT PERSON 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## 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?

- Did not go to school    Year 8 or below    Year 9 or equivalent  
 Completed Year 10    Completed Year 11    Completed Year 12

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

- Certificate I    Certificate II    Certificate III or IV    Diploma    Advanced Diploma/Associate Degree  
 Degree or higher    Other (*please specify*): \_\_\_\_\_

Name of qualification: \_\_\_\_\_

Unique Student Identifier (USI) number: \_\_\_\_\_

*(If you do not have a USI number, you can obtain one by following the instructions here - [usi.gov.au](http://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?

---

---

---

---

---

---

On the scale below, please indicate your current knowledge about cancer:



*No knowledge about cancer*

*Excellent knowledge about cancer*

Please list here the reasons why you would like to attend this course?

---



---



---

How will you share your knowledge and skills after the course?

---



---



---

How did you find out about this course?

- Email  
  Work colleague  
  Cancer Council website  
  AHCWA  
  Brochure/flyer  
  Social media  
  Radio  
 Other (please specify): \_\_\_\_\_

## 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 a record of attendance for the RTO, Employer, and Assessment purposes in compliance with the Australian Quality Skills Authority (ASQA 2012), as well as 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.

## 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 covered and arranged by your organisation/employer.

## DIETARY REQUIREMENTS

Do you have any dietary requirements?    Yes    No   *(If yes, please specify below)*

---



---

## 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.

## 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 arranging travel, accommodation, meals and incidentals outside of the course and are covering these costs.
- I will notify the RTO of any personal circumstances which may affect my learning.

Applicant's name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MANAGER AGREEMENT

- I/We have read through and am/are aware of the Attendance Requirements.
- I/We understand that my/our organisation is responsible for providing and arranging costs incurred outside of the course.

I/We \_\_\_\_\_, fully endorse the application of \_\_\_\_\_  
(name of employer/supervisor - please print) (name of applicant - please print)

to attend the Cancer Education Course for Aboriginal Health Professionals.

Employer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER/SUPERVISOR DETAILS:

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

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