**ENROLMENT FORM – HLTINFCOV001**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **My USI number is:**  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| IMPORTANT: Please make sure you have your Unique Student Identifier (USI) number when enrolling. Why? If you do not supply a USI the RTO cannot supply your certificates. (Refer: *Clause 3.6b - SRTO 2015* *)* If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device. |

Please complete all details below - ALL sections with this symbol  MUST be filled in.

\***SECTION 1 - PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
| Title | Family Name | Given Name | Other Name *(middle name)* |
|  | [ ]  Female [ ]  Male [ ]  Other |
| Date of Birth  | Gender |

\***Contact Details:** (Give at least one phone number)

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Home Phone | Work Phone |  | Mobile Phone |
|  | [ ]  Phone [ ]  Email [ ]  Both |
| Email Address (if applicable) | Preferred Contact Method |

\***Emergency Contact:**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Person | Relationship  | Home / Work or Mobile Phone |

\***Address Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
| Unit | Number | Street | Community/Town/City/Suburb | State & Postcode |

**Postal Address:**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| PO Box | Community/Town/City/Suburb | State & Postcode |

\***Indigenous Status:**

|  |  |
| --- | --- |
| [ ]  Yes, Aboriginal[ ]  Yes, Torres Strait Islander | [ ]  Yes, both Aboriginal & Torres Strait Islander[ ]  No, neither Aboriginal & Torres Strait Islander |

\***Country of Birth:**

|  |  |
| --- | --- |
| [ ]  Australia | [ ]  Other, please specify: |

\***Language spoken at home:**

|  |  |
| --- | --- |
| [ ]  English | [ ]  Other, please specify: |

\***School Level - education:**

|  |  |  |
| --- | --- | --- |
| [ ]  Year 8 or below | [ ]  Did not go to school | [ ]  Completed year 11 |
| [ ]  Year 9 or below | [ ]  Completed year 10 | [ ]  Completed year 12 |
| [ ]  Currently at secondary school  |  |  |

\***Disability:**

Note: The information you provide is confidential and will only be used by CARHDS to help you with your learning.

|  |  |  |
| --- | --- | --- |
| [ ]  Vision | [ ]  Learning | [ ]  Medical Condition |
| [ ]  Hearing/Deaf | [ ]  Physical | [ ]  Acquired Brain Impairment |
| [ ]  Intellectual | [ ]  Mental Illness | [ ]  Other |

\***SECTION 2 - EDUCATION DETAILS:**

|  |
| --- |
| **Please tick whether you have completed or partially completed any of the following?** |
| [ ]  Bachelor Degree or Higher Degree |
| [ ]  Advanced Diploma or Associate Degree |
| [ ]  Diploma (or Associate Diploma) |
| [ ]  Certificate IV (or Advanced Certificate/Technician) |
| [ ]  Certificate III (or Trade Certificate) |
| [ ]  Certificate II |
| [ ]  Certificate I |
| [ ]  Certificates other than above, please specify:  |

\***Reason for study:**

|  |
| --- |
| **Of the following categories, which BEST describes your main reason for undertaking study.** |
| [ ]  It was a requirement of my job | [ ]  To get into another course of study |
| [ ]  I wanted extra skills for my job | [ ]  For personal interest |
| [ ]  To get a better job or promotion | [ ]  For self-development |
| [ ]  To try for a different career | [ ]  Other reasons:  |

\***SECTION 3 - EMPLOYMENT DETAILS:**

|  |
| --- |
| Name of Organisation/Employer:  |
| What is your occupation?  |
| **Of the following categories, which BEST describes your current employment?** |
| [ ]  Full-Time | [ ]  Part-Time | [ ]  Casual | [ ]  Apprentice | [ ]  Trainee |
| [ ]  Other, please specify: |

**SECTION 4 - ENROLMENT DETAILS:**

|  |  |
| --- | --- |
| **Unit Code: HLTINFCOV001** | **Unit Name: Comply with infection prevention and control policies and procedures**  |
|  |  |

**SECTION 5 – CREATE A MOODLE CLOUD ACCOUNT:**

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| --- |
| **To access the online parts of the HLTINFCOV001 training you will need to create a Moodle cloud account as follows:****Step 1: Go to** [**https://new-normal.moodlecloud.com**](https://new-normal.moodlecloud.com)**Step 2: Create new account under “is this your first time here?”****Step 3: A Privacy Notice will appear. Scroll to the bottom of the screen and click “Next”****Step 4: A Cookies Policy will appear. Again scroll down the page and click “Next”****Step 5: Consent at both checkboxes is required then click “Next”****Step 6: New Account & fill in your details. Hint – use your email address as your username. Click “Create my new account”. A confirmation email will be sent to the address you have entered.** **Step 7: Check your email and click the confirmation link in the email. You should see a screen like the one below. Click “continue”****Step 8: Click on the course link: ‘HLTINFCOV001 Comply with infection prevention and control policies and procedures’.****Step 9: Enrol in the course by clicking “Enrol me”.****You are now ready to start the course.**  |

**\*PARTICIPANT DECLARATION: - use an electronic signature if available or you will be asked to sign this at the workshop session.**

Please read the following statement carefully, tick the boxes and add the date below:

Your rights and responsibilities as a student at CARHDS:

[ ]  I have been informed about my course dates and times. [ ]  I authorise CARHDS staff to get medical assistance for me if I need it. [ ]  I consent to CARHDS searching on my behalf to locate my USI on the USI portal system. CARHDS may use my photograph for public relations and marketing. [ ]  YES [ ]  NO

|  |  |
| --- | --- |
| **\*PARTICIPANT’S SIGNATURE:** | **DATE:**  |

Educator to print, sign and date:

|  |  |
| --- | --- |
| **Educator’s Name:**  |  |
| **EDUCATOR’S SIGNATURE:** | **DATE:**  |

**Upload this Enrolment Form to your new-normal moodlecloud account or email to** **reception@carhds.org.au** **if you are unable to upload.**

|  |
| --- |
| OFFICE USE ONLYVETtrak Data Entry Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_ Staff Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant VETtrak No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LL&N Assessment Completed? [ ]  Yes [ ]  No Staff initial: \_\_\_\_\_\_\_\_\_\_\_\_ |