**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 See the source image 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:**

|  |
| --- |
| **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**](mailto:reception@carhds.org.au) **if you are unable to upload.**

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