

# NURSES AROUND THE CLOCK PTY. LTD.

ABN 69 103 857 012

RTO: 90973

Registered Training Organization under the Australian Quality Training Framework

## COURSE REGISTRATION FORM CERTIFICATE III IN AGED CARE (CHC30208)

<b>Personal Details -</b>	<b>Government Data Collection -</b>
First Name:	Country of birth:-
Last Name:	Are you Aboriginal or Torres Strait Islander?
Date of Birth: ___/___/___ Sex: M <input type="checkbox"/> F <input type="checkbox"/>	N <input type="checkbox"/>
Address:	Y <input type="checkbox"/>
Suburb: State: Postcode:	
Tel: Mob:	Do you speak a language other than English at home?
Email:	N <input type="checkbox"/>
Student ID: <i>Office Only</i>	Y <input type="checkbox"/> What language?
Course Ref: <i>Office Only</i>	
	Do you have a disability or impairment?
<b>Nursing experience -</b>	N <input type="checkbox"/>
	Y <input type="checkbox"/> If Yes please tick appropriate box below
Do you have any prior nursing experience? Y <input type="checkbox"/> N <input type="checkbox"/>	
If Yes please tick type of facility below -	Visual <input type="checkbox"/> Hearing <input type="checkbox"/>
Nursing Home Y <input type="checkbox"/> N <input type="checkbox"/>	Physical <input type="checkbox"/> Intellectual <input type="checkbox"/>
Hostel Y <input type="checkbox"/> N <input type="checkbox"/>	Chronic Illness <input type="checkbox"/> Other <input type="checkbox"/>
Hospital Y <input type="checkbox"/> N <input type="checkbox"/>	
Home Care Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Education -</b>
Other Y <input type="checkbox"/> N <input type="checkbox"/>	
	Have you completed any courses since leaving school?
Please give details -	N <input type="checkbox"/>
	Y <input type="checkbox"/> If Yes please tick appropriate box below
Was this experience in Australia? Y <input type="checkbox"/> N <input type="checkbox"/>	
	Bachelor Degree or higher <input type="checkbox"/>
Length of time worked -	Advanced Diploma/Assoc Degree <input type="checkbox"/>
	Diploma or Associate Degree <input type="checkbox"/>
Name of Organization -	Certificate IV <input type="checkbox"/>
	Certificate III <input type="checkbox"/>
<b>Current Employment -</b>	Certificate II <input type="checkbox"/>
	Certificate I <input type="checkbox"/>
What is your current employment status? Please tick -	Other <input type="checkbox"/>
Full Time Employee Y <input type="checkbox"/> N <input type="checkbox"/>	Name of Qualification -
Part Time Employee Y <input type="checkbox"/> N <input type="checkbox"/>	
Self Employed Y <input type="checkbox"/> N <input type="checkbox"/>	In which country did you study this course?
Employer Y <input type="checkbox"/> N <input type="checkbox"/>	
Employed – in family business Y <input type="checkbox"/> N <input type="checkbox"/>	What is your highest level of school qualification?
Unemployed - seeking full time work Y <input type="checkbox"/> N <input type="checkbox"/>	
Unemployed - seeking part time work Y <input type="checkbox"/> N <input type="checkbox"/>	Higher School Certificate <input type="checkbox"/>
	School Certificate <input type="checkbox"/>
<b>Future Employment -</b>	Other <input type="checkbox"/>
What kind of employment do you wish to seek?	In what year did you complete school?
Full Time Y <input type="checkbox"/> N <input type="checkbox"/>	<b>How did you hear about this course?</b>
Part Time Y <input type="checkbox"/> N <input type="checkbox"/>	
Casual Y <input type="checkbox"/> N <input type="checkbox"/>	Friend <input type="checkbox"/> Internet <input type="checkbox"/>
	Yellow Pages <input type="checkbox"/> Newspaper <input type="checkbox"/>
	Employer <input type="checkbox"/> Other <input type="checkbox"/>

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

