



TRAINING APPLICATION FORM

To apply for a place with the Aboriginal Health Council of South Australia Limited's study program (AHCSA), please complete this form and submit it, along with the required support documents, to students@ahcsa.org.au.

Please note, your application will not be considered until the form is fully completed and all required supporting documents have been submitted. All of our courses are only available to those who identify as Aboriginal and/or Torres Strait Islander.

COURSE DETAILS

Please indicate the study program you wish to apply for:

- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

APPLICANT DETAILS

Title Mr Mrs Miss Ms Other _____

Given name(s) _____

Preferred name _____

Date of birth _____

Email _____

Primary home address _____

Gender Male Female Gender diverse

Surname _____

Phone (work) _____

Phone (mobile) _____

Phone (home) _____

Primary postal address _____

CULTURAL DIVERSITY

In which country were you born?

- Australia
- Other (please specify) _____

Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

- No, English only
- Yes, other (please specify) _____

Do you identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal
- Torres Strait Islander
- Aboriginal and/or Torres Strait Islander

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- | | |
|--|---|
| <input type="radio"/> Full-time employee | <input type="radio"/> Employed – unpaid worker in a family business |
| <input type="radio"/> Part-time employee | <input type="radio"/> Unemployed – seeking full-time work |
| <input type="radio"/> Self-employed – not employing others | <input type="radio"/> Unemployed – seeing part-time work |
| <input type="radio"/> Self-employed – employing others | <input type="radio"/> Not employed – not seeking employment |
-

Complete the below **ONLY** if you are currently employed

Employer organisation _____

Applicant's position title _____

Organisation street address _____

Postal address _____

Contact details of applicant's direct supervisor and CEO or authorised delegate

Supervisor full name _____

Supervisor email _____ Supervisor phone _____

CEO or authorised delegate full name _____

EMPLOYER DECLARATION (This section is to be completed by the CEO or authorised delegate named above)

The organisation is willing to support the applicant in undertaking this study program with AHCSA and is willing to provide the applicant with a range of support, including:

- Facilitating the applicant's absence from duties for training purposes, including any work placement required
- Providing access to training opportunities at the work-site for the applicant's training and skills practice
- Advocating on the applicant's behalf on issues relating to training
- Working with the applicant and AHCSA to make sure training and assessment tasks are completed and that training records are kept up-to-date, and monitoring and supporting the applicant's progress
- I support the student undertaking the selected study program indicated on this form.

CEO or authorised delegate signature

Date

SCHOOLING AND EDUCATION

Do you intend to apply for Credit Transfer (CT) or Recognition of Prior Learning (RPL)? Yes No

Please attach certified copies of Certificates - including all Transcripts or Record of Results; alternatively, you can bring in your originals for certification by AHCSA authorised personnel. This information is required to determine the training entry level. If you are a previous student of AHCSA your records will be held on file. However, if you have studied or received Certificates from 'Training Organisations' and these are NOT on file they should be forwarded for possible recognition.

Are you still attending secondary school? Yes No

What is your highest completed school

(Tick ONE box only)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Never attended school

Have you successfully completed any of the below

- Bachelor Degree (or Higher Degree)
- Advanced Diploma (or Associate Degree)
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Other education (including certificates or overseas qualifications not listed above)

HEALTH AND WELLBEING

Your health and wellbeing is a priority. Please indicate below any conditions that you believe may impact on your study:

- | | | |
|---|---|--|
| <input type="radio"/> Hearing / Deaf | <input type="radio"/> Learning | <input type="radio"/> Social and Emotional Wellbeing |
| <input type="radio"/> Medical Condition | <input type="radio"/> Physical | <input type="radio"/> Vision |
| <input type="radio"/> Intellectual | <input type="radio"/> Acquired Brain Injury | <input type="radio"/> Other |

An educator will contact you to ensure we plan together to provide the support you need throughout your study journey.

STUDENT SUPPORT

Do you think you will require additional learning support to undertake your study? Yes No

Do you have any literacy, numeracy, English language or physical capabilities that may impact your ability to successfully complete your training? Yes No

If you have answered Yes, please describe _____

Would you like a member of the RTO Team to contact you and discuss what suitable options there are to support you through your studies? Yes No

If you require support, an Educator will identify gaps and develop strategies to assist you to successfully complete your studies. An outline of the support you may require along with the costs associated for this to occur will be given to you upon acceptance into your nominated course with your letter of offer.

TRAVEL SUPPORT

AHCSA is able to access funding to support non-metro students to attend training in Adelaide. To be eligible to access this travel support, students must be eligible for one or more ABSTUDY benefits payable by Centrelink, except Away From Base assistance. Students will be required to apply to Centrelink for ABSTUDY Allowances in order to attend study with AHCSA. Students who fail to provide evidence of confirmation of their ABSTUDY entitlement will not be eligible for travel support from AHCSA to attend study workshops.

WORK PLACEMENT

In order to be assessed as competent in a number of study programs delivered by AHCSA, students are required to undertake supervised work practice in a relevant setting (i.e. Primary Health Care setting). Students who are not currently employed in the relevant industry, or not employed in an appropriate position within the relevant industry, may be required to undertake a mandatory work placement as part of their study program. Details of work placement requirements for each study program will be included on the Course Flyer, or can be obtained by contacting a member of the RTO Team. There are a number of pre-placement documentation requirements that will need to be completed and provided prior to the commencement of a work placement. Obtaining these pre-placement documents will be the responsibility of the student, including all associated fees and charges.

Pre-placement documentation includes:

- Department for Communities and Social Inclusion (DCSI) clearances including Child-Related, Vulnerable person, Disability and/or Aged Care clearances
- National Police Check
- Immunisation evidence

Screening for evidence of immunity to vaccine-preventable diseases (VPD) must be completed prior to clinical placement. The screening process must include: history taking, serological tests (if required) and examination of documents such as written records of vaccinations signed by a medical practitioner or a laboratory report indicating immunity status.

Students who refuse to participate in screening and/or vaccination must have a risk assessment conducted of their proposed work activities, the area in which they will work and the population cared for in that area. While work adjustments and/or work restrictions may be considered, any student who refuses to participate in screening and/or vaccination may not be accepted for clinical placement and in turn will not receive competence in the full qualification being studied. It is recommended that applicants attempt to obtain the above documentation as soon as possible upon notification of a successful training application. Please note, students who are not able to provide copies of the above documentation, or evidence of submitted applications for these, by their second study workshop will not be permitted to continue with their studies.

WORK EXPERIENCE

If you are unemployed or do not possess the relevant skills and knowledge of the training program you would like to commence, it is strongly advised that you undertake voluntary work placement prior to commencing study. Work experience in the relevant area will enable you to determine if this study is suited to you personally and professionally. If you require information or assistance in obtaining a voluntary work placement or work experience in your local area please speak to a member of the RTO Team.

APPLICANT'S DECLARATION

You must carefully read and sign this declaration for your application to be considered. I declare that:

- I consent for my bank details to be utilised by AHCSA for the purpose of travel allowances or any reimbursements that may be incurred
- I consent for details of my training with AHCSA for the study program indicated on this form to be provided to my employer listed on this form for the period of my enrolment with AHCSA, including information about study progress, attendance, performance and provision of training certificates and statements of attainment
- I will notify AHCSA of any changes to the information on this form
- I agree that if I am offered a position in this study program I will participate and complete all assessments and attend classes and work placements, as failure to do so will result in withdrawal from the course
- I understand that personal information on this form is collected:
 - to consider my entry into the nominated course/skill-set selected on this Application Form; and
 - to be used to provide information to other organisations from whom AHCSA receives funding.
- I understand that giving false or misleading information is a serious offence and confirm that the information given by me in this application is complete and correct

Applicant's signature

Date

SUPPORTING DOCUMENTATION CHECKLIST (Please make sure you attach these files when submitting your application)

- Resume / Curriculum Vitae
- Job Description / Duty Statement (If applicable. This can be obtained from your supervisor or human resources)
- Previous qualification evidence (If applicable. Certificates, Statements of Attainment etc.)