

## ENROLMENT FORM

### Introduction to Perform Blood Collection (HLTPAT306B)

**PERSONAL DETAILS**

Mr <input type="checkbox"/> Ms <input type="checkbox"/>  Mrs <input type="checkbox"/> Miss <input type="checkbox"/>  Other	Family Name  First Name  Male <input type="checkbox"/> Female <input type="checkbox"/>	Other Given Name  Date of Birth    /    /									
Home Address-											
Suburb Or Town		Postcode									
Home Phone	Work Phone	Fax or Email									
Next Of Kin - Name											
Next of Kin – Address and phone											
<b>Course Content</b> : Course consists of 1 day lectures and 1 day clinical placement. <b>Date of Course:</b>											
<b>Course/Qualification Name:</b> Introduction to Phlebotomy Practices		<b>Course / Training Package Qualification Code:</b> This unit forms part of the HLT32607 Certificate III in Pathology course									
<b>Course Units - Competencies – Office Use Only</b>											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Start Date</th> <th style="width: 15%;">Finish Date</th> <th style="width: 15%;">Outcome Code</th> </tr> </thead> <tbody> <tr> <td>HLTPAT306B</td> <td>Perform blood collection</td> <td></td> </tr> <tr> <td>HLTPAT308B</td> <td>Identify and respond to clinical risks associated with pathology specimen collection</td> <td></td> </tr> </tbody> </table>	Start Date	Finish Date	Outcome Code	HLTPAT306B	Perform blood collection		HLTPAT308B	Identify and respond to clinical risks associated with pathology specimen collection	
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<p><b>PAYMENT DETAILS</b> Full payment of \$500 must be included with your enrolment form to secure a place in the course. Payment can be made by Cheque, Money Order, Credit Card or Tax Invoice. Please complete payment details below and post or fax to:</p> <p style="margin-left: 40px;">Ms J Lobb - Mater Pathology                  Level 6 Mater Adult Hospital                  Raymond Tce                  Sth Brisbane 4101      Fax: (07) 3163 2142</p> <p style="text-align: right; margin-right: 40px;"><b>Office Use Only</b>    Receipt No.....                  Date.....                  Amount.....</p> <p><b>Payment Enclosed</b>  <b>A. Cheque – Please make cheques payable to Mater Pathology</b>  <b>B. Credit Card – Please complete details. Only the following credit cards are accepted : Visa, AmEx, Mastercard</b></p>					
Name on Card	Amount: \$				
/      /      /	Expiry Date:				
<p><b>C. Request for Tax Invoice – An invoice can be raised and forwarded to the payee upon request. Please provide the following details:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name/Organisation</td> <td></td> </tr> <tr> <td>Address NB for individuals a home address is required</td> <td></td> </tr> </table>		Name/Organisation		Address NB for individuals a home address is required	
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*It would be appreciated if you would provide the following information (for statistical purposes only)*

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS?

Full-time  Part-time  Self-Employed  Employer  Other

PLEASE INDICATE THE HIGHEST LEVEL OF SECONDARY SCHOOL SUCCESSFULLY COMPLETED – Please tick one box

Year 12  Year 11  Year 10  Year 9 or lower  In which year did you complete that school level?

If YES, tick any applicable boxes	<input type="checkbox"/>	Associate Diploma	<input type="checkbox"/>
Trade Certificate	<input type="checkbox"/>	Undergraduate Diploma	<input type="checkbox"/>
Advanced/Technician Certificate	<input type="checkbox"/>	Degree of Postgraduate Diploma	<input type="checkbox"/>
Other Certificate	<input type="checkbox"/>	Unspecified Prior Educational Achievement	<input type="checkbox"/>

COUNTRY OF BIRTH (if not Australia) \_\_\_\_\_

ARE YOU OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN? Yes  No

LANGUAGE SPOKEN AT HOME (other than English) \_\_\_\_\_

Do you require assistance with LANGUAGE LITERACY AND NUMERACY \_\_\_\_\_ If yes, contact course manager

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING PERMANENT OR SIGNIFICANT DISABILITIES (tick box)

Sight/Visual	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please list any food allergies

I agree to receive literature about future courses/workshops YES  NO

**I have received relevant course information and a copy of Mater Education Centre's Code of Practice and Policies, and have had an opportunity to clarify any parts of these that I did not understand.**

Signature: ..... Date: ...../...../.....

**PLEASE NOTE:** Enrolment details are kept on record.