



Registration Form

Cancer Education Course for **Aboriginal Health Professionals**

HLTAHW035 Provide information and support around cancer

Course date: Monday 15th - Friday 19th August, 2022

Applications close: 5.00pm Friday 15th July, 2022

Please return your application to Michelle de La Haye at michelle.delahaye@ahcwa.org

Personal Details

Title: _____ Surname: _____

Given name(s): _____ Date of birth: _____

Address: _____ Postcode: _____

Phone (home): _____ Phone (mobile): _____

Phone (work): _____ Email: _____

Language: _____ Country of birth: _____

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

Yes, Aboriginal Yes, Torres Strait Islander Yes, both No

Disability

I have a disability that will impact on my learning: Yes No

My disability is: Hearing/deaf Visual Physical Mental health Acquired brain impairment
Learning Intellectual Medical condition Other (please specify): _____

Emergency Contact Details

Contact Person 1

Name: _____ Relationship: _____

Email: _____ Phone: _____

Contact Person 2

Name: _____ Relationship: _____

Email: _____ Phone: _____

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Employment Details

What is your employment status (please tick)?

Employed full-time Employed part-time Self-employed Employer Employed - unpaid in a family business
Unemployed - seeking employment Unemployed - not seeking employment

If you are employed, please answer the following:

Place of employment: _____ Current job position: _____

Employer address: _____

Employer phone: _____ Employer fax: _____

Education Details

Are you still at school? Yes No

What is your highest level of school completed?

Did not go to school Year 8 or below Year 9 or equivalent Completed Year 10
Completed Year 11 Completed Year 12

Have you completed or are you currently undertaking any higher education? Yes No

Certificate I Certificate II Certificate III or IV Diploma Advanced Diploma/Associate Degree
Degree or higher Other (please specify): _____

Name of qualification: _____

Unique Student Identifier (USI) number: _____

(If you do not have a USI number, you can obtain one by following the instructions here - usi.gov.au)

What other courses have you attended that relate to cancer?

Tell us about what you do at work on a day to day basis?

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On the scale below, please indicate your current knowledge about cancer:

No knowledge about cancer Excellent knowledge about cancer

no knowledge about cancer

Excellent knowledge about cancer

Please list here the reasons why you would like to attend this course?

How will you share your knowledge and skills after the course?

How did you find out about this course?

Email Work colleague Cancer Council website AHCWA Brochure/flyer Social media Radio

Other (please specify): _____

Attendance Requirements

AHCWA's Registered Training Organisation (RTO) has a specific attendance requirement - that with all absences students must provide a valid reason. Failing to meet these standards may result in students deemed not yet competent and unable to complete the course within the expected duration.

It is the RTO's requirement to keep a record of attendance for the RTO, Employer, and Assessment purposes in compliance with the Australian Quality Skills Authority (ASQA 2015), as well as for Centrelink students receiving Abstudy payments.

Student attendance impacts on the course delivery, continuity, consolidation of skills and valid assessment procedures. It is **compulsory** that students attend each training session.

Due to the training taking place at AHCWA and/or the trainees visiting other health services/campuses, course participants must be fully vaccinated and be able to show proof of vaccination as and when required.

Course Costs

All course materials, catering and costs of travel to external sites during the course are provided. All other costs incurred outside the course are not included and must be covered and arranged by yourself or your organisation/ employer. There is limited accommodation and travel support available for regional applicants.

Dietary Requirements

Do you have any dietary requirements? Yes No (If yes, please specify below)

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Privacy Notice

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

We are required by law (under the National Vocational Education and Training Regulator Act 2011(Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

If you require any further information regarding the Privacy Policy, please visit our website <https://www.ahcwa.org.au/privacy-policy>



Student Agreement

The information provided in this application is true and accurate.

I have read through and am aware of the Attendance Requirements.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

I understand that photos may be taken throughout the course and I consent to these photos being used by Cancer Council WA and AHCWA for promotional purposes.

I understand that my organisation is responsible for arranging travel and accommodation and providing for meals and incidentals outside of the course, if travelling to Perth.

I will notify the RTO of any personal circumstances which may affect my learning.

Applicant's name: _____

Applicant's signature: _____ Date: _____

Manager Agreement

I/We have read through and am/are aware of the Attendance Requirements.

I/We understand that my/our organisation is responsible for providing and arranging costs incurred outside of the course.

I/We, _____ fully endorse the application of _____

to attend the Cancer Education Course for Aboriginal Health Professionals.

Employer/Supervisor Signature: _____ Date: _____

Employer/Supervisor Details:

Name: _____ Position: _____
(name of applicant - please print) (name of employer/supervisor - please print)

Email: _____ Phone: _____



**Aboriginal
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of Western Australia**

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