



Enrolment Form

(HLT31407) Certificate III in Hospital/Health Services
Pharmacy Support

<p>CSU Training Locked Bag 588 Wagga Wagga NSW 2678 Ph: 02 6933 2722 Fax: 02 6933 2882 E-mail: csustraining@csu.edu.au</p>

Applicants Details

Mr/Mrs/Miss/Ms	Surname/Family Name	Given Names
Address		
State		Postcode
e-mail		Telephone Business
Telephone Personal		Date of Birth
Current place of employment		
Current Address of employment		
Current workplace position (i.e. fulltime, part-time, casual)		
Trainee Details – To be completed & signed by the Trainee (all sections must be completed)		
Gender (tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female		Aboriginality Are you of Aboriginal, or Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Do you consider yourself to have a permanent & significant disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify type of disability Do you require special assistance because of the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, in which country were you born?
Citizenship – Are you <input type="checkbox"/> Australian citizen <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Australian permanent <input type="checkbox"/> Temporary resident <input type="checkbox"/> None of the above, Please specify.....		

Supervisor Details

Mr/Mrs/Miss/Ms			Surname/Family Name			Given Names		
Contact Address								
State						Postcode		
e-mail					Telephone Business			
Telephone Personal					Facsimile			
Current place and address of employment								
Current workplace position								

I have read the Supervisor role and responsibility statement and agree to undertake the responsibilities of Supervisor.

.....
Supervisor Signature:

.....
Date:

RPL/RCC

If you wish to apply for RPL/RCC, please indicate against the appropriate Unit/s below.

Your Assessor will contact you within 4 weeks of enrolment to arrange a suitable time for a telephone interview to discuss your application and explain evidence requirements.

Credit Transfer

If you wish to apply for Credit Transfer; please include certified copies of your Certificate or Statement of Attainment/s, supported by evidence of your current competence: eg a statement from your employer verifying your current competence in the Units for which Credit Transfer is being sought, with your enrolment form.

NB: Credit Transfer is applicable for the equivalent AQF Unit only. The code and name of the unit should be exactly the same as the unit for which you are seeking Credit Transfer.

All other recognition will be through the RPL process.

Please indicate if you are applying for RPL/RCC = RPL; Credit Transfer = CT or Enrolment = Enrol

Compulsory Units		
HLTHIR301A	Communicate and work effectively in health	
HLTIN301A	Comply with infection control policies and procedures in health work	
HLTOHS200A	Participate in OHS processes	
BSBFLM303B	Contribute to effective workplace relationships	
HLTPH301B	Undertake pharmacy technician duties	
HLTPH304B	Maintain pharmaceutical ward or imprest stock	
HLTPH312A	Procure, store and maintain pharmaceutical products	
HLTPH313A	Distribute pharmaceutical products in a health setting	
HLTPH306B	Package pharmaceutical products	
BSBMED201A	Use basic medical terminology	
HLTPH314A	Assist with basic dispensing of prescriptions	
Elective units (a maximum of 2 electives can be from the BSB Training Package)		Select 4 Units
HLTHIR404B	Work effectively with Aboriginal and Torres Strait Islander people	
HLTHIR403B	Work effectively with culturally diverse clients and co-workers	
HLTCSD306B	Respond effectively to difficult or challenging behaviour	
HLTAP301A	Recognise healthy body systems in a health care context	
BSBFLM312A	Contribute to team effectiveness	
BSBCMN312A	Support innovation and change	
BSBCMN302A	Organise personal work priorities and development	

Payment Details

Total Fee \$2,250

Payment of the \$394 enrolment fee must be made upon enrolment.

Course Fees Payment Schedule – (please indicate your preferred payment method)

- Upfront payment of \$1,856 (an invoice will be sent within 5 days of enrolment)

OR

- Pay in five instalments of
- \$394 upon enrolment ;
 - \$464 on completion of Part 1 Units;
 - \$464 on completion of Part 2 Units;
 - \$464 on completion of Part 3 Units;
 - \$464 on completion of Part 4 Units.

OR

- Contact CSU Training (02 6933 2722) if you want to vary the payment schedule**

Request for Withdrawals must be made in writing within two months of enrolment and prior to any assessments being completed.

Refunds will be authorised less a \$394 administration/cancellation fee.

The entire program must be completed within 2 years from the initial enrolment date, unless an extension has been granted.

Cheque made payable to CSU Training

Money Order made payable to CSU Training

Please debit my credit card for \$394

Bankcard

MasterCard

Visa

Card Number

Expiry Date

Card Holder's Name

Cardholder's Signature

Course Fees

Please direct the invoice for my Course Fees to:

Name:

Signature:

Position:

Address:

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Organisation ABN and stamp: (if applicable)