



Enrolment Form
(HLT40507) Certificate IV 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 responsibilities statement and agree to undertake the responsibilities of Supervisor.

.....
Supervisor Signature:

.....
Date:

RPL/RCC

If you wish to apply for RPL/RCC or Credit Transfer, 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. # Units have equivalence with units from HLT31402 Certificate III in Health Service Assistance (Hospital/Community Health Pharmacy Assistance). All other recognition will be through the RPL process.

Pre-requisite requirements

The following Units are pre-requisite for entry into this qualification.

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

Code	Unit Title	
HLTHIR301A	Communicate and work effectively in health	
HLTPH301B	Undertake pharmacy technician duties <i>this unit is equivalent to # HLTPH1A Orientation to hospital pharmacy services and hospital pharmacy assistant practices</i>	
HLTPH304B	Maintain pharmaceutical ward or imprest stock <i>this unit is equivalent to # HLTPH4A maintain pharmaceutical imprest/ward stock</i>	
HLTPH312A	Procure, store and maintain pharmaceutical products <i>this unit is equivalent to # HLTPH2A Procure and store pharmaceutical products</i>	
HLTPH313A	Distribute pharmaceutical products in a health setting <i>this unit is equivalent to #HLTPH3A Distribute pharmaceutical products</i>	

HLTPH314A	Assist with basic dispensing of prescriptions <i>this unit is equivalent to # HLTPH5A Assist with prescription preparation</i>	
HLTPH306B	Package pharmaceutical products <i>this unit is equivalent to # HLTPH6A Package and/or pre-pack pharmaceutical products</i>	

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Compulsory Units		
HLTHIR402B	Contribute to organisational effectiveness in the health industry <i>this unit is equivalent to #HLTHIR2A Contribute to organisational effectiveness in the health industry</i>	
HLTHIR506B	Implement and monitor compliance with legal and ethical requirements	
HLTOHS300A	Contribute to OHS processes	
HLTIN301A	Comply with infection control policies and procedures in health work	
HLTPH414A	Assist in dispensary administration	
HLTPH407B	Conduct small-scale compounding of pharmaceutical products <i>this unit is equivalent to #HLTPH7A Small scale compound/manufacture pharmaceutical products</i>	
HLTPH410B	Prepare batch and work sheets and labels for compounding	
HLTPH415A	Conduct small-scale compounding of aseptic pharmaceutical products	
BSBMED301A	Use advanced medical terminology	
HLTPH416A	Support pharmacists by collecting and providing specific information to/for clients	
HLTPH417A	Support pharmacists by collecting and presenting workplace data and information	
Elective units (a maximum of 2 electives can be from the BSB and TAA Training Packages)		select 4 units
HLTHIR501A	Maintain an effective health work environment	
HLTAMBPD401B	Manage personal stressors in the work environment	
HLTCOM301B	Provide specific information to clients	
CHCORG28A	Reflect and improve upon professional practice	
CHCORG27A	Provide mentoring support to colleagues	
BSBFLM412A	Promote team effectiveness	
BSBFLM403B	Implement effective workplace relationships	
BSBFLM409B	Implement continuous improvement	
TAADEL403A	Facilitate individual learning	
TAADEL404A	Facilitate work-based learning	
TAAASS402A	Assess competence	

Payment Details

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

Credit Transfer – no fee

Pre-requisite Units

Unit Fee \$124.00/unit

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Course Fee \$1,865

Payment Schedule – (please indicate your preferred payment method)

Upfront payment of total course fee (an invoice will be sent within 5 days of enrolment)

OR

- Pay in six instalments of
- \$394 upon enrolment ;
 - Total fee (for prerequisite units) on completion of these units;
 - \$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

Please direct the invoice for my Course Fees to:

Name:

Signature:

Position:

Address:

.....

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Organisation ABN and stamp: (if applicable)