

HLT41120 Certificate IV in Health Care

How do I apply for the St John WA HLT41120 Certificate IV in Health Care (Cert IV) course?

If you would like to apply for the Cert IV, please complete the following application form, page 2-3. You will also need to provide us with proof of your identity. You will find a list of acceptable forms of identification documents you can provide on page 4 of this form.

How do I complete the application form?

There are two options to fill in the application form.

Option 1: Download this application form document and open in Adobe Acrobat Reader to digitally fill and sign.

Option 2: Download this application form document, print, complete, scan and save as a pdf document.

What happens next?

Once you have completed the application form, along with evidence of your identification, please email documents to qualifications@stjohnwa.com.au.

If you have decided to submit your application, you will be provided with details of the next steps for the application process by email. If you would like to discuss the Cert IV course and/or application process before applying, please contact us on 9334 1483 and ask for Certificate IV Student Support.

What happens if I change my mind?

Applying for the Cert IV is the first step towards enrolment. You can withdraw your application at any time prior to enrolment with no conditions applied.

I need help!

If you have any questions regarding this stage of the application for the Cert IV course, please do not hesitate to contact us on 9334 1483 and ask for Certificate IV Student Support.

Further information

For further information regarding the Cert IV, please refer to our [RTO Participate Handbook \(stjohnwa.com.au\)](http://stjohnwa.com.au). For further information regarding the Terms and Conditions please refer to our terms and conditions [Participant First Aid Course Booking Terms and Conditions \(stjohnwa.com.au\)](http://stjohnwa.com.au).

Application Checklist

- Completed Application Form (Pages 2-3)
- Signed Consent (Page 3)
- Identification Documentation provided (Refer to Page 4)
- Email to qualifications@stjohnwa.com.au



Course code and title: HLT41120 Certificate IV in Health Care

Preferred course dates: _____

St John Volunteer

Are you currently a St John WA volunteer? Yes No If yes, specify _____

Personal details

Title Mr Mrs Ms Other _____ **Gender** Male Female Other

Surname _____ **Given name** _____

Date of birth _____ **USI** _____

Contact information

Email home _____ **Phone** _____

Email work _____ **Mobile** _____

Residential address _____

Suburb _____ **State** _____ **Postcode** _____

Postal address Tick if same as above _____

Suburb _____ **State** _____ **Postcode** _____

Emergency contact

Emergency contact name _____

Emergency contact phone number _____

Do you require support services? Yes No

Language and cultural diversity

In which country were you born? Australia Other _____

Do you speak a language other than English at home? Yes No If yes, specify _____

Are you of Aboriginal or Torres Strait Islander origin?

(For person of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s)

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition |

Other _____

Credit/Recognition of Prior Learning (RPL)

Do you intend to seek credit or RPL for part or all this qualification? Yes No

If yes, an additional Credit and Application Form will be required to finalise this enrolment.



Education

Are you still enrolled in secondary or senior secondary education? Yes No

What is your highest completed school level?

(If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are in Year 10, the highest level completed in Year 9.)

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

Previous qualifications achieved

Have you successfully completed any of the following qualifications? Yes No

If yes, tick any applicable boxes:

- Bachelor degree or higher
- Advanced diploma/Associate degree
- Diploma/Associate diploma
- Certificate IV/Advanced certificate/technician
- Certificate III/Trade certificate
- Certificate II
- Certificate I
- Other education/overseas qualifications not listed above

Previous industry related skills and knowledge

Have you successfully completed any of the following qualifications? Yes No

If yes, please specify:

Employment

Please tick one category that best describes your current employment status:

- Full time employee
- Part time employee
- Self-employed - not employing others
- Unemployed - seeking full-time
- Unemployed - seeking part-time
- Self-employed - employing others
- Not employed/Not seeking employment
- Employed – Unpaid worker in a family business

Study reason

Please tick one option that best suits your reason for study:

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course/study
- For personal interest/self-development
- To get skills for community/volunteer work
- Other reasons

Consent

I give permission for St John WA to share my training outcomes with my employer. Yes No

Sign _____ **Date** _____

List of Acceptable Participant Identification Documents			
Document	Type of Document	Required Details	Restrictions
Primary Identification – Only 1 Required to Confirm Identification			
Drivers Licence	Primary	Name, Address and Date of Birth Licence Number and Date of Expiry	
Western Australian Photo Card	Primary	Name and Date of Birth Photo Card Number and Expiry Date	
Passport	Primary	Name and Date of Birth Date and Country of Issue Passport Number	
Evidence of Immigration Status (Immicard)	Primary	Name and Date of Birth Card Number Issue and Expiry Date	
Working with Children Check	Primary	Name and Date of Birth Notice Number and Expiry Date	
Government Employee Photo ID	Primary	Name and Photo	
Written Reference or Identification Letter	Primary	One (1) Written Reference or Letter from an acceptable Referee	Isolated Area Indigenous ONLY
Student Photo ID Card	Primary	Name and Date of Birth Student Number Expiry Date	
Prisoners in Corrective Services Custody Photo ID Card	Primary	Name and Photo	For correctional facilities ONLY
Secondary Identification – 2 Required to Confirm Identification			
Birth Certificate	Secondary	Name and Date of Birth Date and Office of Issue	Combined with one (1) other form of secondary identification
Citizenship Certificate	Secondary	Name and Date of Birth Date of Issue and Name of Person who issued the document	Combined with one (1) other form of secondary identification
Unique Student Identifier	Secondary	On Enrolment	Combined with one (1) other form of secondary identification
Worksafe High Risk Licence	Secondary	Name and Date of Birth Licence Number and Expiry Date	Combined with one (1) other form of secondary identification
Credit Card, Debit Card	Secondary	Name on Card and Issuing Institution	Combined with one (1) other form of secondary identification
Medicare Card	Secondary	Name and Date Card Valid to	Combined with one (1) other form of secondary identification
Utility Account	Secondary	Name and Address Utility Company	Combined with one (1) other form of secondary identification
Rental Lease Agreement	Secondary	Name and Address of Leasing Agent	Combined with one (1) other form of secondary identification
Letter from School or Government Agency	Secondary	One (1) Written Letter from a School or Government Agency	Combined with one (1) other form of secondary identification