



Health Training Online COURSE ENROLMENT INFORMATION PAGE



Health Training Online is a Sunshine Coast Division of General Practice initiative in conjunction with the Commonwealth and Queensland Government Productivity Places Program

Two qualifications are on offer:

Certificate IV in Health Administration (HLT43207)
Diploma of Practice Management (HLT52007)

View the course outlines at www.healthtrainingonline.com.au

If you require more information or advice please phone the Health Training Online Course Coordinator -Linda Landreth (07) 5456 8888.

Course Fee Structure

Most students will meet requirements to receive a *funded place* under the Queensland Government Productivity Places Program (PPP) as a person who is currently employed and:

- a) An Australian Citizen living in Queensland;
- b) A permanent resident of Australia living in Queensland; or
- c) Humanitarian refugee living in Queensland.

	HLT43207 Certificate IV Health Administration	HLT52007 Diploma of Practice Management
Funded Place	\$500 with enrolment \$250 reimbursed upon successful completion Total out-of-pocket expense \$250	\$750 with enrolment \$250 reimbursed upon successful completion Total out-of-pocket expense \$500
Fee Paying	*Contact Health Training Online Course Coordinator	*Contact Health Training Online Course Coordinator

Location and Dates

The main learning component for this course will be offered online, however face to face learning will take place at the SCDGP office in Cotton Tree and/or in your place of work (unless otherwise stated).

Pre study and orientation are scheduled to commence in April/May 2011. Actual study duration is dependent upon a student's Recognition of Prior Learning (RPL) status as applicable and individual study pattern. The allocated time to complete the qualification is 12 months.



**Health Training Online
COURSE ENROLMENT FORM**
Certificate IV in Health Administration (HLT43207)
Diploma of Practice Management (HLT52007)



Student Enrolment Details

Please complete and fax, email or post with full course fee to:

Health Training Online
Sunshine Coast Division of General Practice
P O Box 389
COTTON TREE, QLD, 4558

Fax Attention: Health Training Online
(07) 5456 8899

Email: healthtraining@scdgp.org.au

Personal Details

Please write name as you would like it to appear on your qualification

Surname:				
Given Name:				
Date of Birth:				
Gender:				
Home Address:	<i>Address</i>	<i>Suburb</i>	<i>State</i>	<i>Post Code</i>
Home Phone:		Mobile Phone:		
Email:				
Emergency Contact Name:		Emergency Contact Phone:		

Employer Details

Place of Employment:				
Employers Address:	<i>Address</i>	<i>Suburb</i>	<i>State</i>	<i>Post Code</i>
Current Role:				
Work Phone:		Work Fax:		
Work Email:				



Health Training Online STUDENT ENROLMENT DETAILS



The Department of Further Education, Employment, Science and Technology collect the required information for use by the Commonwealth Department of Education, Employment and Workplace Relations. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be assessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

1. In which country were you born? AUSTRALIA OTHER (please specify)		8. In which YEAR did you complete that school level? Year	
2. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) NO – English only GO TO QUESTION 4. YES – other (please specify)		9. Are you still attending secondary school? YES NO	
3. How well do you speak English? VERY WELL WELL NOT WELL NOT AT ALL		10. Have you SUCCESSFULLY completed any of the following qualifications? YES or NO. If YES, then tick ANY applicable boxes. BACHELOR DEGREE OR HIGHER DEGREE ADVANCED DIPLOMA OR ASSOCIATE DEGREE DIPLOMA (OR ADVANCED CERTIFICATE/TECHNICIAN) CERTIFICATE III (OR TRADE CERTIFICATE) CERTIFICATE II CERTIFICATE I CERTIFICATES OTHER THAN ABOVE	
4. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both 'YES' boxes.) NO YES, Aboriginal YES, Torres Strait Islander		11. Of the following categories, which BEST describes your current employment status? FULL TIME EMPLOYEE PART-TIME EMPLOYEE SELF EMPLOYED – NOT EMPLOYING OTHERS EMPLOYER EMPLOYED – UNPAID WORKER IN A FAMILY BUSINESS UNEMPLOYED – SEEKING FULL TIME WORK UNEMPLOYED – SEEKING PART-TIME WORK NOT EMPLOYED – NOT SEEKING EMPLOYMENT	
5. Do you consider yourself to have a disability, impairment or long-term condition? YES GO TO QUESTION 6. NO GO TO QUESTION 7.		12. Your major reason for study? (Tick ONE box only). 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 TO GET INTO ANOTHER COURSE OF STUDY FOR PERSONAL INTEREST FOR SELF DEVELOPMENT OTHER REASONS	
6. If 'YES', then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.) HEARING/DEAF PHYSICAL INTELLECTUAL LEARNING MENTAL ILLNESS ACQUIRED BRAIN IMPAIRMENT VISION MEDICAL CONDITION OTHER			
7. What is your highest COMPLETED school level? (Tick ONE box only.) COMPLETED YEAR 12 COMPLETED YEAR 11 COMPLETED YEAR 10 COMPLETED YEAR 9 COMPLETED YEAR 8 OR LOWER DID NOT GO TO SCHOOL			

STUDENT DECLARATION:

I have read and accept SCDGP's fees, refunds, cancellation and reimbursement information and understand my rights and obligations.

I agree

_____ **Student Name**

_____ **Student Signature**

Please tick the course you wish to enrol in:

HLT43207 Cert IV in Health Administration HLT52007 Diploma of Practice Management

Fee Structure

I am applying for a funded place under the Queensland Government Productivity Places Program

I am: Currently employed in a casual, part-time or full-time capacity

and

- An Australian Citizen living in Queensland;
- A permanent resident of Australia living in Queensland; or
- A Humanitarian refugee living in Queensland.

I do not meet the eligibility requirements; I will be a fee paying student

Receipt of your enrolment form and course fee will be confirmed by email.

PAYMENT OPTIONS

DIRECT DEPOSIT

Bank: ANZ

BSB: 014-650

A/C No: 4826-57688

Reference:

(please enter in payment description)

Paid the amount of:

\$..... by Direct Deposit on...../...../.....

Please attach Remittance Advice to this form and send to the Division

CHEQUE PAYMENT

Cheque for the amount of \$..... enclosed

Please make cheque to:

Sunshine Coast Division of General Practice Ltd

Please attach cheque to this form and send to the Division

◆◆ PLEASE RETAIN COPY FOR YOUR TAX AND REGISTRATION REQUIREMENTS ◆◆

The fees for these courses are GST free



7 The Esplanade PO Box 389 Cotton Tree Qld 4558
T (07) 5456 8888 F (07) 5456 8899 E division@scdgp.org.au www.scdgp.org.au ABN 63 128 709 491

A member of the Australian General Practice Network