This form is used to enrol in the HLTAID003 Provide first aid course.

All fees listed on this form are **GST free** and include the following:

- The non-refundable enrollment fee;
- Readings and Workbook via download;
- Practical training;
- First theory and practical assessments; and
- Educator support.

When completing this form, be sure to print clearly and legibly in all required fields. Incomplete or illegible forms may delay your enrollment.

Assessments are conducted on the day of your training and you are required to wear long pants and enclosed footwear.

A payment of $195.00 for the full course, or $150.00 for the Refresher is required to secure your enrollment.

Note: You have two (2) months from your enrollment date to complete this course.

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**Lodging your Enrollment Form**

Once you have completed your enrollment form, return to:

**RTO Admissions Officer**
**O'Halloran Fire & Medical Pty Limited**
P.O. Box 303
Horsley Park 2175

and email a copy to:

**contact@ofm4u.edu.au**
## Applicant Details

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name/s</th>
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<tr>
<th>Surname</th>
<th>D.O.B.</th>
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<thead>
<tr>
<th>Home Address</th>
<th>Post Code</th>
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<tr>
<th>Mailing Address (If different from home address)</th>
<th>Post Code</th>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Mobile</th>
<th>Work Phone</th>
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<th>e.Mail Private</th>
<th>e.Mail Work</th>
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<thead>
<tr>
<th>Unique Student Identifier (USI)</th>
<th>See <a href="http://www.usi.gov.au">www.usi.gov.au</a></th>
<th>Driver’s License Number / State / Expiry</th>
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If you are undertaking this course as part of a Traineeship or Apprenticeship, please provide your Employers Name and Phone Number:

### Applicant Declaration

(Tick each box below to acknowledge your understanding)

- [ ] The information I have provided in this application is true and correct.
- [ ] I the Applicant or Employer hereby agree to pay all course fees and charges that may arise from this enrollment and acknowledge that no assessments, academic transcripts or certificates will be issued while course fees are outstanding.
- [ ] I understand that this course has a non-refundable enrollment fee of $195.00 or $150.00 for the Refresher.
- [ ] I understand that there is a two (2) month time limit from my enrollment date to complete this course.
- [ ] I understand that minimum PPE provided by me consisting of long pants and enclosed footwear are to be worn for assessments.
- [ ] I understand that this course has a physical CPR and patient handling component.
- [ ] I understand that this course consists of distance learning material that will involve reading and completing workbook tasks that will need to be studied and completed prior to attending practical/assessment sessions.
- [ ] I understand that information concerning my enrollment will be disclosed to Government Departments and other entities as required by law.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Employers Name and Signature (If Paying Fee’s)</th>
<th>Date</th>
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Government Required Enrollment Data Collection

**Language and Cultural Diversity**

Were you born in Australia?   Yes [ ] No [ ] specify Town/Country

How well do you speak English?   
  - [ ] Very Well
  - [ ] Well
  - [ ] Not Well
  - [ ] Not at all

Do you speak a language other than English at home?   Yes [ ] No [ ]

If yes, specify

Are you of Aboriginal or Torres Strait Islander origin?   
  - [ ] No
  - [ ] Yes, Aboriginal
  - [ ] Yes, Torres Strait Islander
  - [ ] Yes, Both

**Disability**

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

If Yes, select applicable below

- [ ] Acquired brain impairment
- [ ] Learning
- [ ] Physical
- [ ] Hearing/Deaf
- [ ] Medical condition
- [ ] Vision/Blindness
- [ ] Intellectual
- [ ] Mental illness
- [ ] Other

**Schooling**

What is your highest completed school level?   
  - [ ] Year 12 or equivalent
  - [ ] Year 11 or equivalent
  - [ ] Year 10 or equivalent
  - [ ] Year 9 or equivalent
  - [ ] Year 8 or below
  - [ ] Never attended school

In which year did you complete that school level?   

Are you still attending secondary school?   Yes [ ] No [ ]

**Previous qualifications attained**

Have you successfully completed any of the following qualifications?   If yes, select all that are applicable

- [ ] Bachelor or higher degree
- [ ] Diploma
- [ ] Certificate III or trade certificate
- [ ] Certificate I
- [ ] Advanced diploma or associate degree
- [ ] Certificate IV or advanced certificate/technician
- [ ] Certificate II
- [ ] Certificate other than the choices provided

**Employment**

Of the following categories, which best describes your current employment status?   Select only one

- [ ] 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

**Study reason**

Of the following categories, which best describes your main reason for undertaking this study?   Select only one

- [ ] To get a job
- [ ] To develop my existing business
- [ ] To try for a different career
- [ ] To start my own business
- [ ] 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 of study
- [ ] For personal interest/self-development
- [ ] Other reasons
**Course subject requirements**

To meet the course requirements, you must complete one core subject.

**Core subject**

<table>
<thead>
<tr>
<th>Subject Code</th>
<th>Subject Title</th>
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<tbody>
<tr>
<td>HLTAID003</td>
<td>Provide first aid</td>
</tr>
</tbody>
</table>

**Assessment Site Preference**

- [ ] Sydney
- [ ] Taree
### Course Cost

The 2017 price for the course is **$195.00** or **$150.00** for the Refresher

Payment of $195.00 or $150.00 for the Refresher is required with this application to secure your enrollment. Once this fee is received, your course readings and workbook will be issued via email.

### Payment details

Payment for this enrollment will be made by:  
- [ ] Individual Applicant  
- [ ] Employer/Other (Complete details below)

<table>
<thead>
<tr>
<th>Employer/Other Name</th>
<th>Contact Person</th>
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<tr>
<th>Phone</th>
<th>Contact e.Mail</th>
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### Payment

- [ ] Cheque / Money Order attached. Payable to: O'Halloran Fire & Medical Pty Limited

- [ ] EFT Payment.  
  Account Name: O'Halloran Fire & Medical Pty Limited  
  BSB: 062468  
  Account Number: 10640229  
  Include your Name as the Payment Reference

- [ ] Credit Card.  
  [ ] MasterCard  
  [ ] VISA

  Card Number: __ __ __ / __ __ __ / __ __ / __ __ Expiry Date: __ / __

  CSV Number: __ __ Name on Card: ______________________________

  Authorised amount to be processed: A$_________ + 1.5% Processing Fee

  Cardholders Signature: ______________________________

### RTO Use Only

- [ ] Course Confirmed  
- [ ] ID Verified  
- [ ] USI Verified  
- [ ] E/Fee Received  
- [ ] Additional Fee/s Received

- [ ] Student Number Issued  
- [ ] Resources Allocated  
- [ ] Enrollment Not Accepted (Record Reason in Notes)

**Notes:**

**Processing Officer Name** | **Signature** | **Date**
|-----------------------------|--------------|------------|