

# ENROLMENT FORM



Dementia Essentials

CHCAGE005 – Provide support to people living with dementia



Please complete ALL information CLEARLY and ensure that you sign page 4 to ensure that a Certificate can be issued.

State/Territory: \_\_\_\_\_NSW\_\_\_\_\_ Commencement Date: 7 November 2017

Course Location (Suburb OR Service Provider Name): Wollongong

## Unique Student Identifier (USI)

From 1 January 2015, all Australians who undertake vocational education and training must hold a USI. If you do not hold a USI, Alzheimer's Australia Vic, by law, cannot issue you a Certificate, Statement of Attainment or Transcript for your training.

### Section 1 - Unique Student Identifier

- You MUST create a USI number via the website ([www.usi.gov.au](http://www.usi.gov.au)) OR complete the USI Consent form provided.
- Your USI will be a 10 character number made up of numbers and/or letters

What is your USI number?

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

### Section 1 - Personal Details

|  |                                    |         |                              |                                      |                             |  |  |
|--|------------------------------------|---------|------------------------------|--------------------------------------|-----------------------------|--|--|
| Surname (Legal Family Name)                                  |                                    |         |                              |                                      |                             |  |  |
| First Name (Legal Given Name)                                |                                    |         |                              |                                      |                             |  |  |
| Title  | <input type="checkbox"/> Mr        |         | <input type="checkbox"/> Mrs |                                      | <input type="checkbox"/> Ms |  |  |
| Sex  | <input type="checkbox"/> Female    |         |                              | <input type="checkbox"/> Male        |                             |  |  |
| Date of Birth  | Day:                               |         | Month:                       |                                      | Year:                       |  |  |
| Telephone  | Home:                              |         | Work:                        |                                      | Mobile:                     |  |  |
| Email Address  |                                    |         |                              |                                      |                             |  |  |
| Residential Address (you must provide a residential address) | Unit:                              | Number: | Street:                      |                                      |                             |  |  |
|  | Suburb:                            |         |                              |                                      | Post Code:                  |  |  |
| Postal Address (if different to residential address)         | Unit                               | Number: | Street / PO Box:             |                                      |                             |  |  |
|  | Suburb:                            |         |                              |                                      | Post Code:                  |  |  |
| Name of Employer   | Name:                              |         |                              |                                      | Suburb:                     |  |  |
| Current Position   |                                    |         |                              |                                      |                             |  |  |
| Employment Type  | <input type="checkbox"/> Community |         |                              | <input type="checkbox"/> Residential |                             |  |  |

| <b>Section 2 - Language and Cultural Diversity</b>      |  |
|---|--|
| Are you of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> No  |
|   | <input type="checkbox"/> Yes, Aboriginal                                 |
|   | <input type="checkbox"/> Yes, Torres Strait Islander                     |
|   | <input type="checkbox"/> Yes, both Torres Strait Islander and Aboriginal |
| In which country were you born?                         | <input type="checkbox"/> Australia                                       |
|   | <input type="checkbox"/> Other - please specify                          |
| Which Town/City were you born in?                       |  |
| Do you speak a language other than English at home?     | <input type="checkbox"/> No – English only – Go to Section 3             |
|   | <input type="checkbox"/> Yes, other - please specify                     |
| How well do you speak English?                          | <input type="checkbox"/> Very well                                       |
|   | <input type="checkbox"/> Well  |
|   | <input type="checkbox"/> Not very well                                   |
|   | <input type="checkbox"/> Not at all                                      |

| <b>Section 3 - Disability</b>  |  |
|--|--|
| Do you consider yourself to have a disability, impairment or long-term condition?                                  | <input type="checkbox"/> No – Go to Section 4      |
|  | <input type="checkbox"/> Yes – Go to next question |
| If YES, please indicate areas of disability, impairment or long-term condition<br>(You may indicate more than one) | <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         |
| Do you require special assistance / consideration?   | <input type="checkbox"/> Other                     |
|  | <input type="checkbox"/> No – Go to Section 4      |
| If YES, is it due to   | <input type="checkbox"/> Yes – Go to next question |
|  | <input type="checkbox"/> Ethnicity                 |
|  | <input type="checkbox"/> Disability                |
|  | <input type="checkbox"/> Learning support          |

| <b>Section 4 - Schooling</b>  |  |
|---|--|
| What is your highest COMPLETED school level?<br><br>(Tick ONE box only) | <input type="checkbox"/> Year 12 or equivalent                   |
|   | <input type="checkbox"/> Year 11 or equivalent                   |
|   | <input type="checkbox"/> Year 10 or equivalent                   |
|   | <input type="checkbox"/> Year 9 or equivalent                    |
|   | <input type="checkbox"/> Year 8 or lower                         |
|   | <input type="checkbox"/> Never attended school – Go to Section 5 |
| In which YEAR did you complete that school level?                       |  |
| Are you still attending secondary school?                               | <input type="checkbox"/> No                                      |
|   | <input type="checkbox"/> Yes                                     |
| What is your Victorian Student Number (VSN)?                            |  |
|   | <input type="checkbox"/> Don't have one / Unknown                |

| <b>Section 5 - Previous Qualification Achieved</b>   |  |
|--|--|
| Have you SUCCESSFULLY completed any of the following qualifications?   | <input type="checkbox"/> No – Go to Section 6<br><input type="checkbox"/> Yes – Go to next question  |
| If YES, then TICK ANY applicable boxes<br><br>Please ensure you identify whether the qualification is:<br><br>A – Australian<br>E – Australian equivalent<br>I – International | A E I<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma (or Associate Diploma)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or Trade Certificate)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than the above |

| <b>Section 6 - Employment Details</b>   |  |
|---|--|
| Of the following categories, which BEST describes your current employment status? | <input type="checkbox"/> Full time<br><input type="checkbox"/> Part time<br><input type="checkbox"/> Self-employed – not employing others<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Employed – unpaid worker in a family business<br><input type="checkbox"/> Unemployed – seeking full-time work<br><input type="checkbox"/> Unemployed – seeking part-time work<br><input type="checkbox"/> Not employed – not seeking employment |
| <b>(Tick ONE box only)</b>  |  |

| <b>Section 7 - Study Reason</b>   |   |
|---|---|
| Of the following categories, which BEST describes your main reason for undertaking this course? | <input type="checkbox"/> To get a job<br><input type="checkbox"/> To develop my existing business<br><input type="checkbox"/> To start my own business<br><input type="checkbox"/> To try for a different career<br><input type="checkbox"/> To get a better job or promotion<br><input type="checkbox"/> It was a requirement of my job<br><input type="checkbox"/> I wanted extra skills for my job<br><input type="checkbox"/> To get into another course of study<br><input type="checkbox"/> For personal interest or self-development |
| <b>(Tick ONE box only)</b>  |   |

**As an RTO we must comply with standards which ensure that we deliver training and assessment that meets participants' needs.  
 The following questions will allow your facilitator to establish any learning needs that you may have.**

| <b>Section 9 - Pre-Training Review</b>   |  |
|--|--|
| <b>Do you have any special needs or concerns you would like to discuss with us before you commence the unit?</b>   |  |
|  |  |
| <b>Do you have any areas in literacy that you are concerned about?</b>   |  |
| <input type="checkbox"/> Spelling <input type="checkbox"/> Writing your assignments <input type="checkbox"/> Comprehension <input type="checkbox"/> Speaking <input type="checkbox"/> Reading<br><br><input type="checkbox"/> Other, please specify: |  |

Write the following fractions as percentages, for example,  $1/5 = 20\%$

$1/4 =$  \_\_\_\_\_       $1/2 =$  \_\_\_\_\_       $1/10 =$  \_\_\_\_\_

**Please read the passage below:**

Dorothy is a resident of the facility where you work. She has mild dementia and suffers with arthritis. Dorothy needs some assistance in dressing and drying herself after a shower. You have noticed she has not been her usual cheerful self the last two mornings you have been on duty. On Monday when you went in to wake her, Dorothy was crying and said she had hurt herself during the night. On inspection, you discover she had a small skin tear on her lower leg. Dorothy also appeared a little confused and did not recognise you. This has not happened before.

At the end of your shift, you need to document in the Progress Notes, all changes you have observed in Dorothy. Use the space below to do this.

Day:

Date:

Time of entry:

I declare that I completed the Pre-Training Review section of this enrolment form on my own and in the event my USI is incorrect, I authorize Alzheimer's Australia Vic to locate it via [www.usi.gov.au](http://www.usi.gov.au)

Signature \_\_\_\_\_

Alzheimer's Australia Victoria (RTO Code 2512) request that you provide the information necessary to complete this form. Information collected will only be used in the following way:

- If you DO NOT wish to receive information about other education courses tick this box

The information collected will be used by Alzheimer's Australia Vic for the purpose of continuous improvement. Also, it is a regulatory requirement of a registered training organisation (RTO) to report information about their training to the National VET Provider Collection managed by the National Centre for Vocational Education Research (NCVER). The information made available for these purposes will not identify individuals. For information on how data will be able to be accessed, refer to the NCVER's Data Access Protocols, available at [www.ncver.edu.au](http://www.ncver.edu.au).

For more information please ask your facilitator or contact the RTO Manager at Alzheimer's Australia Vic on 03 9816-5793 or [AccreditedPrograms@alzheimers.org.au](mailto:AccreditedPrograms@alzheimers.org.au)