

Once complete please return via email to [training@aushealth.com.au](mailto:training@aushealth.com.au)

## Privacy Notice

Under the Data Provision Requirements 2012, AusHealth Corporate Pty Ltd (trading as AusHealth Work) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by AusHealth Corporate Pty Ltd for statistical, regulatory and research purposes. AusHealth Corporate Pty Ltd may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## Student Declaration and Consent

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I have read and understood information about the course in which I am enrolling.
- I have read and understood AusHealth Work’s Student Handbook, including my rights and obligations.
- I understand the fee schedule and my payment obligations.

Student Signature <i>(for electronic forms, type your name)</i>		Date	
--	--	------	--

## Program

You are enrolling into AusHealth Work’s Drug & Alcohol Collector Training. The program includes the nationally accredited unit of competency ‘HLTPAT005 Collect specimens for drugs of abuse testing.’

Training Location	<input type="checkbox"/> Adelaide <input type="checkbox"/> Melbourne <input type="checkbox"/> Brisbane <input type="checkbox"/> Perth <input type="checkbox"/> Canberra <input type="checkbox"/> Sydney <input type="checkbox"/> Darwin <input type="checkbox"/> Hobart <input type="checkbox"/> Other. Please specify: <input style="width: 200px;" type="text"/>	Training Date	
Employer Name <i>(if applicable)</i>			

## Unique Student Identifier

### Enter your Unique Student Identifier (USI)

You must have a USI to enrol. A USI is a reference number that follows the learner and tracks their recognised training and qualifications gained in Australia. This is a government requirement.

For more information about USI's visit: <https://www.usi.gov.au/about>

To find your USI (or check if you have a USI) visit: <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi>

To create a USI visit: <https://www.usi.gov.au/students/create-your-usi>

--	--	--	--	--	--	--	--	--	--

## Student Details

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> MS <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other (specify)			
Please write the LEGAL name that you used when you applied for your USI, including any middle names.			
Given Names			Family Name
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/> Other

### Residential Address

Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/ Property Name					
Flat/Unit details	Street or Lot number		Street Name		
Suburb, Locality or Town			State/Territory	Postcode	

### Postal Address

if different from residential. Please note that any certificate issued will be posted to this address and will require a signature on delivery.

Building/ Property name					
Flat/Unit details	Street or Lot Number		Street Name		
PO BOX					
Suburb, Locality or Town			State/Territory	Postcode	

### Contact Details

Work Phone		Mobile Phone	
Email Address			

## Background Details

For reporting purposes only

<b>Country of birth</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify
<b>Main language spoken at home:</b>	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify
<b>Are you of Aboriginal or Torres Strait Islander origin?</b>	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please select the type or specify: Please refer to the Disability Supplement (link to website page) for an explanation of the following)</i> <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 <input type="checkbox"/> Other
<b>Are you still enrolled in secondary or senior secondary education?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is your highest COMPLETED school level? (Tick ONE box only)</b>	<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 below <input type="checkbox"/> Never attended school
<b>Do you have any post-school qualifications?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please specify:</i> <input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)
<b>Of the following categories, which BEST describes your current employment status? (Tick ONE box only)</b>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Self employed – employing others <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment
<b>Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

## Language, Literacy & Numeracy (LLN)

AusHealth Work recognises that language (speaking, listening), literacy (reading, writing) and numeracy (understanding mathematical concepts and processes) are integral skills required for work and are therefore an important component of training. As all students are individuals with different life experiences, literacy and numeracy skills vary. As part of this pre-training review process, you are now required to complete a language, literacy and numeracy (LLN) exercise which will be used to assess your LLN ability to undertake the course.

If you have a LLN concern, we encourage you to raise the matter before training commences. The following questions must be completed on your own. Your LLN results will be reviewed by AusHealth Work's National Training Coordinator, who may contact you prior to the training.

**TASK 1: Please answer the Question 1 and 2 in relation to the below 'Russel Logistics - Standard Operating Procedure.'**

### Russell Logistics - Standard Operating Procedure (SOP)

#### Compulsory paperwork required to be taken on-site

<ul style="list-style-type: none"> <li>• Illicit Drug Use Declaration Notice</li> <li>• Rights and Responsibilities</li> <li>• Procedural Checklist</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Testing Form</li> <li>• Laboratory Advice Form</li> <li>• Job Summary Form</li> </ul>	<ul style="list-style-type: none"> <li>• Breath Alcohol Form</li> <li>• Do Not Enter Sign</li> </ul>
--	---	--

#### Drug Testing

<u>Product Device</u> SURESTEP CUP	<u>Confirmation Method</u> URINE	<u>Breath Alcohol Testing</u> YES	<u>Selection Method</u> RANDOM
<u>Drug Testing Method</u> URINE	<u>Confirmation Device</u> URINE-TRITECH KIT & BARCODES	<u>Breathalyser to be Used</u> ALCOQUANT	<u>If Random. Selected by</u> RANDOMISER
<u>On-site or Lab Based</u> ON-SITE		<u>Site Acceptable Breath Alcohol Concentration (BrAC) Level</u> <0.020 g/210L	<u>Report By</u> DONOR NAME

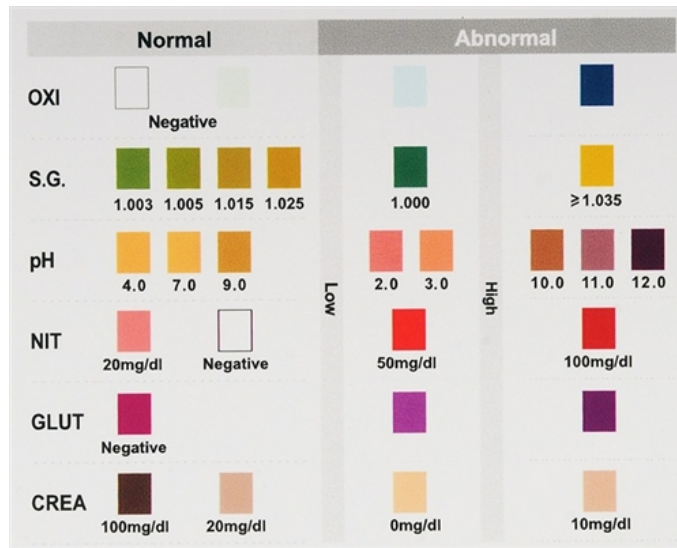
#### QUESTION 1: Determine if the following statements are true or false:

A procedural checklist is compulsory to be taken on-site.	<input type="checkbox"/> True <input type="checkbox"/> False
Selection method of donors is not random.	<input type="checkbox"/> True <input type="checkbox"/> False
The drug testing method is oral fluid.	<input type="checkbox"/> True <input type="checkbox"/> False

#### QUESTION 2: For each of the five (5) donors based on their initial breath alcohol reading identify if they require a confirmatory test?

Donors	Initial breath alcohol reading	Is a confirmatory test required?
Donor 1	0.019 g/210L	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor 2	0.020 g/210L	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor 3	0.200 g/210L	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor 4	0.002 g/210L	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor 5	0.100 g/210L	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TASK 2: Please answer question 1 in relation to the below 'colour chart.'**



QUESTION 1: Provide a response for each question below:	
Record one <u>abnormal</u> value for Creatinine (CREA)	
Record one <u>normal</u> value for Specific Gravity (S.G)	
Record one <u>normal</u> value for pH	

### Current relevant skills and knowledge (optional)

Do you believe that you have some skills and/or knowledge relevant to the course you are enrolling in that you have gained through any form of learning e.g. qualifications, in house professional development, work-related activities, leisure activities, volunteer work etc.?

No     Yes

If yes, and if you would you like to be assessed to determine if you are eligible for recognition of that learning towards the course, please provide brief details about those skills and/or knowledge and an assessor will contact you to discuss your circumstances and the recognition process and/or any impact on your studies (Note you must indicate this now rather than after enrolment or commencement.):

Skills/knowledge	How obtained?	When obtained?