



CONSULTING GROUP

We guide you to greatness

**Jigsaw Consulting Group Pty Ltd in partnership with
Outsource Services Pty Ltd (RTO No. 31560)
Student Enrolment Form – Form 15.1**

Course Name: Medical Reception Training

Course Code: BSBMED301B, BSBMED302B, BSBMED305B

Please use BLOCK letters and print details in full.

PERSONAL DETAILS

Title:	Family Name:	
Given Name/s:		
Date of Birth:	Male	Female
Address:		
Suburb:	State:	Postcode:
Telephone: Home: _____	Work: _____	
Mobile: _____	Fax: _____	
e-mail address: _____		
Emergency Contact Details: (Name and Telephone)		
In which country were you born? _____		
What is your current employment status? _____		
<u>Only if appropriate</u>		
Employer:		
Employer Address:		
Suburb:	State:	Postcode:
Employer Contact: Telephone: _____ Fax: _____		

CREDIT/RECOGNITION OF PRIOR LEARNING

Are you eligible for a Credit	Yes	No
Are you eligible for Recognition of Prior Learning (RPL)?	Yes	No
Do you want assistance in assessing your eligibility for RPL?	Yes	No
Have you made application for RPL?	Yes	No

OTHER INFORMATION/ASSISTANCE REQUIRED

STUDY REASON

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

EDUCATION

What is your highest completed school level ? _____
In which year did you complete that school level? _____
Have you successfully completed any of the following qualifications?
<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"/> Certificates other than the above
If yes, please give details _____

EEO TARGET GROUP/SPECIAL ASSISTANCE (OPTIONAL)

Women	Yes	No		
Australian Aboriginal or Torres Strait Islander Origin	Yes	No		
Person with a permanent Disability If yes please indicate the area of disability, impairment or long-term condition? _____ _____	Yes	No		
Do you require any Special Assistance <u>If Yes</u> (please specify) _____ _____ _____	Yes	No		
Do you speak a language other than English at home? <u>If Yes, please specify language</u>	Yes	No		
How well do you speak English?	Very Well	Well	Not Well	Not at all
<u>If No</u> , are you interested in assistance to speak English	Yes	No		

STUDENT DECLARATION

(Please read carefully before signing)



I hereby certify that the particulars herein are correct and I agree to abide by Outsource Services RTO policies and procedures and acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Application Received: _____ Special Requirements: _____ _____ RPL: _____	Trainer/Assessor: _____ _____ Course Date Start: _____ Course Date End: _____ Course Location: _____ _____ Payment Details: _____
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Please place a tick in the boxes beside the units in which you wish to enrol -

CODE NO.	COMPETENCY	TICK
BSBMED301B	Interpret and apply medical terminology appropriately	<input type="checkbox"/>
BSBMED302B	Prepare and process medical accounts	<input type="checkbox"/>
BSBMED305B	Apply the principles of confidentiality, privacy and security within a medical environment	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
ELECTIVE UNITS		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>