

Enrolment form

 V2.0
2017

Graduate Diploma of Applied Pharmacy Practice 10373NAT

Personal details

Title: Prof / Dr / Mr / Mrs / Ms / Miss _____ VSN number: (Victoria only) _____

Surname: _____ Given names: _____

Preferred name: _____

Gender: _____ Date of birth: _____

Usual residential address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email: _____ Fax: _____

Preferred contact method (select one): Mobile Email Mail (post) _____

PSA member no.: _____ **Unique Student Identifier* (Required):** _____

Emergency contact name: _____ Emergency contact phone: _____

Origin

Are you of: (please tick one) Aboriginal Torres Strait Island (TSI) origin Aboriginal and TSI origin Not of Aboriginal or TSI origin

Are you an Australian citizen? Yes No

Country of birth: _____ City/town of birth: _____

Language details

How well do you speak English? (please tick) Very well Well Not Well Not at all

Do you speak another language at home? Yes No If yes, please specify: _____

Reason for study: (please select one) To get a job To get a better job/promotion To get into another course of study

To develop my existing business It was a requirement of my job For personal interest/self-development

To start my own business I wanted extra skills Other

Employment details

What is your employment status? (please tick) Full time Part time Employer Self employed Other: _____

For *Sigma* brands, please tick applicable: Amcal Amcal Max Amcal Plus Guardian

Pharmacy Name: _____ ABN: _____ No. of employees: _____

Supervisor name: (If applicable) _____ Employer PSA member no.: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Business email: _____ Business phone: _____

Disability details

Do you have a disability, impairment or long-term condition? (please tick) Yes No

If yes, please specify: _____

Qualification

If you have successfully completed or are currently completing other qualification(s), please tick all that applies and provide details:

Qualification level:	<input checked="" type="checkbox"/>	Qualification name:	Year attained:	In progress <input checked="" type="checkbox"/>
Bachelor Degree or higher	<input type="checkbox"/>			<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>			<input type="checkbox"/>
Diploma or Associate Diploma	<input type="checkbox"/>			<input type="checkbox"/>
Certificate IV or Advanced Certificate	<input type="checkbox"/>			<input type="checkbox"/>
Certificate III or Trade Certificate	<input type="checkbox"/>			<input type="checkbox"/>
Certificate II	<input type="checkbox"/>			<input type="checkbox"/>
Certificate other than above	<input type="checkbox"/>			<input type="checkbox"/>

Are you applying for recognition of prior learning? (please tick) Yes No

Secondary schooling

What is your highest level of schooling? _____ Year completed: _____

***Unique Student Identifier (USI):** You must provide your USI on this enrolment form.

Due to legislation requirements which came into effect 1 January 2015, students enrolled into an accredited unit/course must provide a USI. If you do not have a USI, please create your USI via the government website: www.usi.gov.au/students/create-your-usi

Course enrolment (please tick your selection(s))

- Full qualification: Graduate Diploma of Applied Pharmacy Practice 10373NAT | \$5,250 for PSA Members
- Full qualification: Graduate Diploma of Applied Pharmacy Practice 10373NAT | \$8,400 for non-members

<OR> Individual units: Please select the unit(s) you would like to enrol into ...

<input type="checkbox"/> Analyse, execute and review ethical pharmacy practice APPETH801A \$500 (\$800 for non-members)	<input type="checkbox"/> Develop workplace policy and procedures for sustainability BSBSUS501 \$400 (\$640 for non-members)
<input type="checkbox"/> Provide leadership in pharmacy practice APPLIED802A \$500 (\$800 for non-members)	<input type="checkbox"/> Manage people performance BSBMGT502 \$400 (\$640 for non-members)
<input type="checkbox"/> Lead and manage professional pharmacy services APPPPS803A \$500 (\$800 for non-members)	<input type="checkbox"/> Manage an information or knowledge management system BSBINM501 \$400 (\$640 for non-members)
<input type="checkbox"/> Deliver primary health care APPPHC804A \$500 (\$800 for non-members)	<input type="checkbox"/> Implement improved learning practice TAELED703A \$500 (\$800 for non-members)
<input type="checkbox"/> Manage the quality use of medicines APPQUM805A \$500 (\$800 for non-members)	
<input type="checkbox"/> Develop and implement strategic plans BSBMGT616 \$500 (\$800 for non-members)	
<input type="checkbox"/> Initiate and lead applied research BSBRES801 \$500 (\$800 for non-members)	
<input type="checkbox"/> Lead innovative thinking and practice BSBINN801 \$500 (\$800 for non-members)	

I give permission for my name to be published in PSA promotions/publications with regards to successful completions (Please tick): Yes No

Candidate declaration

- I hereby agree to pay all fees and charges applicable to and arising from this enrolment unless fees and charges are to be paid by my employer.
- I hereby agree to abide by the policies and procedures of the Pharmaceutical Society of Australia Ltd.
- I declare that the information supplied on this enrolment form is correct and complete.
- I was adequately informed of the requirements and expectations of the course prior to enrolment.
- I declare that I am not enrolled in any other course that is accessing government funding.
- I am aware that by accessing government funding in Victoria or South Australia I am using my entitlement for a qualification at this level.
- I understand that I will be asked to complete a satisfaction survey at the end of my course and that I may be contacted by NCVER to participate in a student outcomes survey.
- I authorise the Pharmaceutical Society of Australia Ltd to release information, including health and disability information, regarding my enrolment to my employer, any Government department, third parties in connection with providing services to you and to other parties when the Pharmaceutical Society of Australia Ltd is legally obliged to do so.
- I authorise the Pharmaceutical Society of Australia Ltd to look up or create my Unique Student Identifier on my behalf, if required.

Signed: _____ Date: _____

Proof of identity is required

Provide original verified copies of any of the following: *(please tick the appropriate box of the documents you have attached)*

Medicare Card **and** Driver's License **OR** Passport **OR** Birth Certificate

Comments or suggestions

If you have any comments or suggestions of improvement for the student information or enrolment process then please write them here.

Please tick this box if you do not wish to receive any further marketing materials from PSA or other third party.

Payment details

Please enclose a cheque or money order for payment in full made out to: **Pharmaceutical Society of Australia Ltd.**

OR Please debit my credit card (select one): Visa MasterCard

Card number: _____ / _____ / _____ / _____ Expiry date: _____ / _____

Card holder's name/account name: _____

Signature: _____ Date: _____

Send Tax Invoice / Receipt : *(please tick)* Pharmacy Student

OR Please send an invoice to my employer

Please return completed form via email or fax:

E: training@psa.org.au

F: 02 9431 1150 (Attention: Training Operations)

PHARMACEUTICAL SOCIETY OF AUSTRALIA LTD.

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