

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

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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](mailto:training@psa.org.au)**

**F: 02 9431 1150 (Attention: Training Operations)**

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