



Application Form

Graduate Certificate in Diabetes Education and Health Care (V12936)

ABN: 265 4088 1341

.....
[Insert Commencement Date]

*(Applications close 2 weeks prior to course commencement)
Late applications considered if course positions remain available*

Please attach the following to your application:

- (tick)* Curriculum Vitae including work/employment experience
- (tick)* Certificate/Letter
- (tick)* Certified copies of continuing professional development, memberships etc.
- (tick)* Details of education completed including copy of transcript of results and certificates
- (tick)* Copy of current professional practice certificate, i.e. AHPRA, DAA, ESSA
- (tick)* Personal statement of reasons for wishing to undertake this course (maximum 350 words)
- (tick)* Certified Copy of Medicare card
- (tick)* Certified Copy of a Photo ID (e.g. current drivers licence)

Please send completed application form to:
studentservices@mayfield.edu.au
OR
Student Services Officer
Mayfield Education
2-10 Camberwell Road
Hawthorn East, Victoria, 3123

Applicant Details

Please answer all questions

Last Name (Family Name) _____

Given Names _____ Preferred Name: _____

Male Female *(please tick)* Date of Birth (DD/MM/YYYY):...../...../.....

Postal Address _____

City _____ State _____ Postcode _____

Residential Address *(if different from above)* _____

City _____ State _____ Postcode _____

Tel. (Work) _____ (Home) _____ Mobile _____

Email _____

Name of employing organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

Highest Educational standard/qualifications relevant to this course _____

Do you have a disability, impairment or long-term medical condition which may affect your studies?

If yes, please indicate _____

How did you first hear about this course?

- Mayfield Website Friend Work Colleague Mailout
- Advertisement (Please specify ie public transport/newspaper/journal/radio) _____
- I am a past student of Mayfield Other _____



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Unique Student Identifier (USI)

In order to extend the USI to higher education, legislative amendments were made to the Student Identifier Act 2014. The Student Identifiers Amendment (Higher Education) Bill 2019:

- Facilitates the extension of the Unique Student Identifier (USI) to higher education students, and enable the assignment, collection, use, disclosure and verification of student identifiers for those students.
- From 1 January 2021, new domestic and onshore overseas students studying at a higher education provider may apply for USI.
- From 1 January 2023, higher education providers must not confer an award on an individual unless the individual has been assigned a USI or an exemption applies.

Enter your Unique Student Identifier _____

- I give permission for Mayfield Education to find, view and update a valid USI on my behalf using my personal information
- I understand that I will receive a notification from USI Office advising me that my USI has been retrieved by Mayfield Education (TEQSA Provider Code: PRV12134)

Next of Kin

Emergency Contact Name: _____

Relationship: _____

Contact Number: _____

Email: _____

Address: _____

Declaration

- I verify that the information I have provided in this Application form is true and accurate.
- I declare that all information provided regarding Supporting Documentation, Proof of Identity, Workplace Experience are true and correct, as is my name, and I agree to accept all conditions and requirements as advised.
- I declare that I have read the Student Information Handbook.

Applicant's signature _____ *Date* _____