

Enrolment Form (face to face training)

CHCDFV1B Recognise and Respond to Domestic and Family Violence (DiVeRT)

Location of training :		
Dates of Training:		
Title: (Mrs. Ms. Mr.)		
Last Name:		
First Name:		
Sex:	Female <input type="checkbox"/>	Male <input type="checkbox"/> Not stated <input type="checkbox"/>
Date of Birth: (optional)		
Workplace Name:		
Workplace Address:		
State:	Post Code:	
Work Phone: ()	Mobile:	
Fax Number: ()	Email:	
<small>*Required for pre reading material to be sent. Please print clearly.</small>		
Occupation:		
Highest Completed School Level:		
Year Completed:		
Are you a Practice Nurse (RN or EN) and currently employed or retained by the practice		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an Aboriginal Health Worker?(ie hold a Cert III or above in ATSI Health and are currently employed or retained by the practice)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you successfully COMPLETED any of the following qualifications? If "Yes" Check appropriate option(s) and give details:		
<input type="checkbox"/> Certificate I:	<input type="checkbox"/> Diploma:	
<input type="checkbox"/> Certificate II:	<input type="checkbox"/> Advanced Diploma or Associate Degree Certificate:	
<input type="checkbox"/> Certificate III:	<input type="checkbox"/> Bachelor Degree or Higher Degree level:	
<input type="checkbox"/> Certificate IV:	<input type="checkbox"/> Miscellaneous Education:	
Other Information		
Country of Birth:		
Indigenous Status Identifier:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal AND Torres Strait Islander <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/>	
Language Spoken at Home:		
Do you consider yourself to have a disability, impairment, or long-term condition?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" Check appropriate option(s):	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired Brain Impairment
	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Learning	<input type="checkbox"/> Other:
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Unspecified:

Do you have any special dietary requirements for lunch at training? Yes No

If Yes, give details:

Use scale below to answer the following questions. Please circle.

1 - None

2 - Little

3 - Moderate

4 - High

Current on-the- job experience in the issue of Domestic & Family Violence

1

2

3

4

Skills Training/Education in the issue of Domestic & Family Violence

1

2

3

4

Knowledge in the issue of Domestic & Family Violence

1

2

3

4

Computer skills/knowledge

Email

1

2

3

4

Microsoft Word

1

2

3

4

Web-based learning

1

2

3

4

This information is collected and used solely as part of the application for training, in line with the 10 National Privacy Principles under the Privacy Act 1988. Lifeline Australia's Privacy Policy can be found at www.lifeline.org.au/lib/privacy

I also consent to the information being provided to the Department of Health and Ageing and/or Medicare for the purpose of verifying eligibility for the Practice Incentives Program (PIP) entitlements.

I certify that all the above details are correct.

Signature of Applicant _____ Date _____

If you have any questions about this form or the training please contact:

Kathryn White – National Coordinator - Learning & Development

Phone: 0411 821 031

Email: kathryn.white@lifeline.org.au

Please **fax** the completed form to Kathryn White 02 6215 9401 and you will receive an email with pre reading and details on workshop.