

NSW & ACT: 02 9467 7130 or learning@nsw.guild.org.au
QLD: 07 3831 3788 or admin.training@qldguild.org.au
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Enrolment Form

Community Pharmacy Qualifications and Training Courses			
<i>Please tick below the qualification that you wish to enrol in:</i>			
Qualifications			
<input type="checkbox"/> SIR20116 - Certificate II in Community Pharmacy <input type="checkbox"/> SIR30116 - Certificate III in Community Pharmacy <input type="checkbox"/> SIR40116 - Certificate IV in Community Pharmacy <input type="checkbox"/> SIR40216 - Certificate IV in Community Pharmacy Dispensary			
Training Courses			
<input type="checkbox"/> SIRCIND002 - Support the supply of Pharmacy Medicines and Pharmacist Only Medicines <input type="checkbox"/> SIRSS00012 - Community Pharmacy Dispensary <input type="checkbox"/> SIRSS00014 - Community Pharmacy Quality Implementation <input type="checkbox"/> SIRSS00022 - Manage disrespectful aggressive or abusive customers <input type="checkbox"/> SIRSS00030 - Introduction to Community Pharmacy <input type="checkbox"/> Dispensary Assistants Course (Short) <input type="checkbox"/> Individual unit(s)			
1. Personal details			
Surname (Legal Family Name)			
First name		Middle name (if applicable)	
Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. See section on the USI at the end of this form for a detailed explanation.			
Date of birth dd / mm / yyyy			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
2. Enter your contact details			
Home phone		Work phone	Mobile
Email		Alternative email	
3. What is the address of your usual residence?			
Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work, or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park, or unbounded address site.			
Building/property name		Flat/unit details	
Street or lot number		Street name	
Suburb, locality, or town			
State/territory		Postcode	
4. What is your postal address (if different from above)?			
Building/property name		Flat/unit details	
Street or lot number		Street name	
Postal delivery information (e.g. PO Box 254)			
Suburb, locality, or town			
State/territory		Postcode	

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5. Concession

Do you hold a Healthcare Care, Pensioner Concession Card, or a Veterans Gold Card? ☐ Yes ☐ No

Are you a dependent or spouse of someone who holds any of the above concessions? ☐ Yes ☐ No

6. Language and cultural diversity

Please note: To undertake this course it is a requirement to be an Australian Citizen/ Permanent Resident or hold a valid visa. If you were not born in Australia, please provide a certified copy of proof which may include any of the following: Australian passport, citizenship certificate or copy of visa.

7. In which country were you born?

☐ Australia ☐ Other – please specify

Are you an Australian citizen? ☐ Yes ☐ No

What is your residency status?

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

☐ No, English only ☐ Yes, other – please specify

How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

☐ No ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander

10. Disability

Do you consider yourself to have a disability, impairment, or long-term condition? ☐ Yes ☐ No

If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

☐ Learning ☐ Acquired Brain Impairment ☐ Mental Illness
☐ Medical Condition ☐ Intellectual ☐ Hearing / Deaf
☐ Other (please specify) ☐ Vision ☐ Physical

If you consider yourself to have a disability, impairment or long-term condition do you require any assistance to participate in this course? ☐ Yes ☐ No

Is there any relevant information regarding your health or personal circumstances that would affect your study or completion of your training? *(please specify)*

11. Schooling

What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

What is your highest COMPLETED school level? ☐ Year 12 or equivalent ☐ Year 9 or equivalent
☐ Year 11 or equivalent ☐ Year 8 or below
☐ Year 10 or equivalent ☐ Never attended school

If you have never completed any primary or secondary level education – go to question 14

Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No

School based trainee (if applicable)

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12. Previous qualifications achieved

Have you successfully completed any of the following qualifications? ☐ Yes ☐ No

If YES, tick- ANY applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificate I |

☐ Other education (including certificates or overseas qualification not listed above)

Did you obtain these qualifications in Australia? ☐ Yes ☐ No

Which qualification/s was/were obtained by Traineeship or Apprenticeship?

Have you previously completed a qualification with the Pharmacy Guild of Australia? ☐ Yes ☐ No

- | | |
|---|--|
| <input type="checkbox"/> Support the sale of Pharmacy and Pharmacist only Medicines | <input type="checkbox"/> Certificate III in Community Pharmacy |
| <input type="checkbox"/> Certificate III in Community Pharmacy | <input type="checkbox"/> Certificate IV in Community Pharmacy |
| <input type="checkbox"/> Dispensary Assistant qualification | <input type="checkbox"/> Other (please specify) |

13. Language, Literacy and Numeracy (LL&N) and Digital Literacy

Guild Training is committed to ensuring our learners have the appropriate language, literacy, numeracy and digital skills to complete their studies.

Do you consider you may require language, literacy or numeracy support? ☐ Yes ☐ No

Do you consider you may require digital skill support? ☐ Yes ☐ No

Your response and any additional assistance provided will remain confidential.

14. Employment Status

Which of the following best describes your current employment status?

- | | |
|---|--|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part time employee | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Not employed – not seeking employment |
| <input type="checkbox"/> Self-employed – employing others | |

What date did you commence employment in the pharmacy? Date: / /

How long have you worked in pharmacy? Years: Months: Average hours per week:

15. Workplace Details (if currently employed in pharmacy)

Pharmacy name

Phone

Pharmacy email

Street address

Suburb

State

Postcode

16. Job/role in pharmacy

What is your job title?

- ☐ Pharmacy Assistant ☐ Front of shop / retail manager ☐ Dispensary Assistant
☐ Other (please specify)

Would you like to be contacted regarding further training opportunities? ☐ Yes ☐ No

17. Workplace Supervisor Details (if currently employed in pharmacy)

Surname

First Name

Personal email

Role / Position in Pharmacy

(Please provide personal email as information forwarded to you may be of a confidential nature and cannot be sent to a general pharmacy email address)

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18. Reason for Study

What best describes your main reason to study? (tick one box only)

- | | | |
|---|--|---|
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest/ self - development |
| <input type="checkbox"/> To get a better job/promotion | <input type="checkbox"/> To get a job | <input type="checkbox"/> To get skills for community / voluntary work |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To try a different career | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To start my own business | |

19. Unique Student Identifier (USI) – THIS MUST BE PROVIDED UPON ENROLMENT

Unique Student Identifier (USI)

From 1 January 2015, Guild Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-usi/> on computer or mobile device.

Enter your Unique Student Identifier (USI) (if you already have one)

To commence training you will need to provide your Unique Student Identifier number (10 digits)

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organization. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>

To commence training you will need to provide your Unique Student Identifier number (10 digits).

My USI number is

20. Emergency contact (For Face to Face courses only)

What is your emergency contact information? **Relationship to you**

Emergency contact name **Emergency contact number**

21. Recognition of Prior Learning (RPL)

Recognition of Prior Learning (RPL) is an assessment process that allows you to gain recognition for skills and knowledge that you may already have. Instead of studying units that you already know, you can gain recognition for these. This may reduce the number of units that you have to complete learner guides for and reduce the time it takes for you to complete your training. If you think you have skills and knowledge from your previous or current work, study, work experience, life experience then you may apply for RPL.

Would you like to undertake RPL? ☐ Yes ☐ No

22. Credit Transfer

Guild Training is committed to ensuring compliance with the VET Quality Framework by recognising qualifications and statements of attainments issued by other Registered Training Organisations (RTO).

Under the recognition principle Guild Training accepts the credentials issued by another Registered Training Organisation based in any State/Territory of Australia. All current and potential learners who hold qualifications or statements of attainment from other RTO's will have these qualifications recognised and receive the appropriate credit transfers or recognition opportunities.

Would you like to undertake Credit Transfer (CT)? ☐ Yes ☐ No

If you select that you would like to apply for Recognition of Prior Learning (RPL), you will be contacted by Guild Training to take you through the RPL process and assist you in completing your RPL Application. Please submit the following documents with your enrolment information:

- ☐ A copy of your current resume including detailed listing of position duties; **AND**
If you select that you would like to apply for Credit Transfer (CT) please submit the following documents with your enrolment information.
- ☐ Certified copies of any relevant qualifications

If you have previous statements of attainment, certificates, or other achievements relevant to the course in which you are enrolling, that have been issued by another registered training organisation, are authorised transcripts from the VET Registrar or have been issued by an accredited issuing body, you may apply for Credit Transfer. Please submit the relevant certified/authenticated documents with your enrolment information.

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Privacy Notice

Under the *Data Provision Requirements 2012*, the Pharmacy Guild of Australia (trading as Guild Training, RTO 0452) is required to collect personal information about you.

As a registered training organisation (RTO), we are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Guild Training, for statistical, administrative, regulatory and research purposes. Guild Training may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorized agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Terms and Conditions

By signing the attached 'Enrolment Form' ('**Enrolment Form**') and forwarding that form to Guild Training, the Learner and the Employer have agreed with the Guild Training to comply with these terms and conditions ('**Terms**'). These Terms supersede and prevail over any other terms and conditions included in any purchase order, confirmation or other document or communication from the Learner or the Employer to Guild Training.

1. Definitions: In these Terms:

- (a) '**Employer**' means the person described in the Enrolment Form attached to these Terms who employs the Learner;
- (b) '**GST**' means GST as defined in the A New Tax System (Goods and Services Tax) Act 1999 as amended from time to time or any replacement or other relevant legislation and regulations;
- (c) '**Guild Training**' means The Pharmacy Guild of Australia ABN 84 519 669 143
- (d) '**Learner**' means the person described in the Enrolment Form attached to these Terms and who is employed by the Employer;
- (e) '**Training Qualification**' means the qualification or qualifications described in the Enrolment Form; and
- (f) '**Training Materials**' means any materials provided by the Guild Training to the Learner with respect to a Training Qualification including without limitation, any qualification notes, data presentations, case studies and assessment activities.

2. Enrolment: On receipt of the Enrolment Form, Guild Training may, in its sole discretion, either enrol the Learner in one or more of the Training Qualifications, or decline to enrol the Learner in one or more of the Training Qualifications. If Guild Training enrolls a Learner in a Training Qualification, it will notify the Learner in writing of such enrolment (such notice will specify the date, time and location of the Training Qualification).

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3. **Cancellations:** If the Learner is enrolled in a Training Qualification, he or she may cancel that enrolment by notifying Guild Training in the manner set out in the 'Payment, 'refund and Cancellation Policy' prior to the start of that Training Qualification. The Learner and the Employer each acknowledge and agree that Guild Training will apply the 'Payment, 'refund and Cancellation Policy'.
4. **Qualification fees:** The fees for enrolling in a Training Qualification are as set out in the Schedule of Fees. Guild Training may, from time to time, vary the Fees by publishing those prices within its new Enrolment Forms.
5. **Payment of fees:** The Fees must be paid by either the Learner or the Employer at the time the Enrolment Form is submitted to Guild Training. The Learner and the Employer each acknowledge that Guild Training will not enrol the Learner until the Fees are paid as per the payment schedule or dates provided.
6. **Qualification rescheduling:** The Learner and the Employer each acknowledge and agree that Guild Training may cancel, postpone, reschedule or relocate any Training Qualification due to low enrolments or other unforeseen or unexpected circumstances. If Guild Training exercises this option, Guild Training will use its reasonable endeavours to notify Learners of any such change to a Training Qualification as early as practicable in the circumstances. The Learner and the Employer each acknowledge and agree that Guild Training will apply the 'Payment, 'refund and Cancellation Policy' set out in the Enrolment Form.
7. **Intellectual Property Rights:** Any intellectual property rights subsisting in the Training Materials are owned by Guild Training and, where appropriate, its licensors. The Learner and the Employer must not reproduce, modify, enhance, adapt, translate, publish, perform, communicate, or create any derivative work based on, the whole or any part of the Training Materials. The Learner and the Employer must not remove, deface or obscure any identification, trademarks, proprietary or copyright notice on any part of the Training Materials. No intellectual property rights are assigned or licensed by Guild Training to either the Learner or the Employer under these Terms. The Learner and the Employer must not take any action, or cause any third party to take any action, contesting the ownership rights set out in this clause and must do all things necessary or convenient to give effect to this clause 7
8. **Use of Training Materials:** The Learner may use the Training Materials solely for undertaking the Training Qualification to which the Training Materials relate. The Learner must not distribute, disclose, sublicense, rent, lease or sell or otherwise grant or transfer any interest in the whole or any part of the Training Materials to any person, except with the prior written consent of Guild Training.
9. **Employer Obligations:** The Employer must:
 - (a) Comply at all times with its obligations under the training contract between the Employer and the Learner in respect of the Learner's apprenticeship or traineeship and which has been lodged with the relevant authorities ('**Training Contract**');
 - (b) Provide the Learner with appropriate on-the-job training, support and supervision which at a minimum complies with the Training Contract and training plan between the Learner, the Employer and the Guild Training ('**Training Plan**');
 - (c) Monitor the progress of the learner and ensure the Learners Guide is completed and returned to Guild Training in accordance with the Learner's Training Plan;
 - (d) Ensure the Learner's pharmacist/supervisor is available to check the Learner's progress and monitor that the Learners Guide is being regularly completed and forwarded for assessment;
 - (e) Ensure that the Learner's pharmacist/supervisor signs the Assessment Sign-Off form and Supervisors Evidence Report at the back of the Learners Guide; and
 - (f) Comply with the National Code of Good Practice for Australian Apprenticeships, the Training Plan, the Training Contract and relevant Australian Government and State/Territory laws (including, without limitation, those that relate to occupational health and safety, discrimination and Australian apprenticeship/traineeship arrangements)
10. **Learner Obligations:** The Learner must:
 - (a) Comply with its obligations in the Training Contract;
 - (b) Follow the Training Plan and make all reasonable efforts to ensure that units are completed by the dates specified in the Training Plan;
 - (c) Ensure the pharmacist/supervisor of progress in relation to the apprenticeship/traineeship;
 - (d) Ensure that the pharmacist/supervisor signs the Assessment Sign-Off form and Supervisors Evidence Report at the back of the Learner Guides; and
 - (e) Comply with the National Code of Good practice for Australian Apprenticeships and relevant Australian Government and State/Territory laws (including, without limitation, those that relate to occupational health and safety, discrimination and Australian apprenticeship/traineeship arrangements).
11. **Exclusion of Liability:** To the extent permitted by law and except any implied term, condition or warranty the exclusion of which would contravene any statute or cause any part of these Terms to be void ('**Non-excludable**

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Condition'), Guild Training and its related bodies corporate disclaim and exclude all terms, conditions and warranties implied by custom, the general law or statute.

12. Several Liability: An agreement, representation or warranty on the part of two or more persons binds them separately.

13. Governing Law: These Terms are governed by the laws in force in the Australian Capital Territory in Australia. The parties irrevocably and unconditionally submit to the non-exclusive jurisdiction of the courts of that Territory and any courts which have jurisdiction to hear appeals from any of those courts and waives any right to object to any proceedings being brought in those courts. These Terms constitute the entire agreement between the parties relating to the subject matter of these Terms and may only be varied by the written agreement of the parties.

Fees, cancellation and refund policy

Fees and charges

Guild Training has a Fees and Charges policy which is fair and equitable. This policy is available on our website. Specific information regarding fees, charges and payment terms will be provided prior to enrolment. Fees and charges for User Choice traineeships are based on prices set by State/Territory Training Authorities. Fee-for-service qualification prices are set after consultation between state Branches and the National Secretariat. Learners who hold appropriate health care or concession cards may be granted concessions on tuition or administration fees. Guild Training has a policy in place to protect fees paid in advance. This policy is in line with the VET Quality Framework. Should any unforeseen circumstance occur where Guild Training is unable to complete the delivery and assessment of Training Services, the learner and employer will be able to continue their study with another provider at no additional cost.

Refund, cancellation and transfer policy

Guild Training has a refund, transfer and cancellation policy that is fair and equitable. Learners will be provided with specific information regarding refunds, cancellation and transfers during the enrolment process. This information is documented on all enrolment forms. Learners may appeal by stating any special circumstances which they feel may entitle them to a full or partial refund. Appeals must be in writing and contain full documentation supporting the claim. Some states/territories have specific cancellation and refund requirements, and these are listed at the end of this document. Fees will be refunded in full where:

- The qualification does not start on the agreed starting date, which is notified in the letter of offer, or
- Illness or disability prevents a learner from taking up a qualification (on submission of medical certificate). No refund of qualification fees will be made where your enrolment is cancelled for any of the following reasons:
 - Failure to maintain satisfactory qualification progress or failure to maintain satisfactory attendance.
 - Failure to pay qualification fees.

Further information regarding specific state and territory fees, charges, refunds and cancellation policies and requirements will be provided to the learner and the employer during the enrolment process.

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Learner Declaration

I declare, to the best of my knowledge, the information supplied on this form is true and correct.

I authorise and consent for Guild Training to provide my employer with the results for the unit SIRCIND002 Support the supply of Pharmacy Medicines and Pharmacist Only Medicines to be used as evidence during a Quality Care Pharmacy Program (QCPP) assessment. This evidence can only be provided during my employment with the pharmacy.

☐ Yes ☐ No

I authorise and consent for Guild Training to provide the banner group that my pharmacy is part of with the interim results and progression status for the course I am enrolled. This evidence can only be provided during my employment with the pharmacy and can be revoked at any time by providing Guild Training receives a request in writing to revoke the consent

☐ Yes ☐ No

I authorise and consent for Guild Training to provide the Guild's authorised printer with my details if learning and assessment resources are to be sent to my pharmacy.

☐ Yes ☐ No

I authorise and consent for Guild Training to access my USI record to confirm my date of birth and previous education/qualification details.

☐ Yes ☐ No

I declare that the information I have provided (or will provide) in connection with my application to enrol and in connection with any study progression (as applicable) is true and correct, and I authorise Guild Training to verify any facts I have provided. I hereby consent to the information being provided to a third party for this purpose. I understand that if any information I have provided is found to be incomplete, inaccurate, false or misleading, this application may be cancelled and/or any offer of credit transfer or Recognition of Prior Learning (RPL) made to me, and/or my actual admission or enrolment in a course or unit, may be withdrawn, revoked or terminated (as applicable).

☐ Yes ☐ No

I agree to comply with all the Training Terms and Conditions included in this Enrolment Form and specifically agree that I will comply with the obligations set out in Clause 10 of the Training Terms and Conditions.

Signed: _____

Date: _____

Parent/Guardian Signature:

(if learner is under 18)

Date: _____

Employer Declaration

I declare, to the best of my knowledge, the information supplied on this form is true and correct.

I agree to comply with all the Training Terms and Conditions included in this Enrolment Form and specifically agree that I will comply with the obligations set out in Clause 9 of the Training Terms and Conditions.

Employer sign: _____

Date: _____

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life, for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.