

This unit of competency describes the skills and knowledge required to provide CPR and use a defibrillator, until the arrival of medical or other assistance.

This course is suitable for workers and professionals who require a refresher or first-time nationally recognised qualification in the administration of Cardiopulmonary Resuscitation (CPR).

- DURATION:** 3 hours, 2 hours online pre-course induction and 1 hour face to face practical
TIME: Face to face session times vary, session times will be confirmed upon enrolment
VENUE: Master Builders Skills Centre, 1 Iron Knob Street, Fyshwick ACT 2609
COST: \$20 (*member after rebate*) \$100 (*member*)
\$40 (*non-member after rebate*) \$120 (*non-member*)

Up to 70% of the course cost may be refundable to eligible applicants through the ACT Building and Construction Industry Training Fund (TFA). For eligible learners, the TFA rebate is factored into the pricing structure.

COURSE REQUIREMENTS:

- Must provide 100 points of identification
- Participants are required to complete an online pre-course induction, pre course induction details will be provided by Actwell First Aid and Training to course participants
- Language, Literacy and Numeracy (LLN) assessment (attached) to be completed prior to confirmation of your enrolment
- There is a practical assessment of two (2) minutes of uninterrupted CPR performed on the floor, as well as a 50-question multiple choice assessment. If you are physically incapable of performing CPR on the floor, please contact our staff for further information.

CONTENT:

- Perform cardiopulmonary resuscitation in line with the Australian Resuscitation Council

CERTIFICATION:

On successful completion participants will be issued with a Statement of Attainment for the following:

- HLTAID001- Provide cardiopulmonary resuscitation

FURTHER ENQUIRIES:

Trisha Moore Ph: (02) 6175 5977

Email: training@mba.org.au

REGISTRATION:

Email this form 14 days prior to the course

Email: training@mba.org.au

**For training dates please refer to our training calendar on our website
www.mba.org.au or contact us on 6175 5977
Additional courses may be scheduled for group bookings.**



**MASTER BUILDERS
GROUP TRAINING**

RTO NO. 88163
ABN 62130865253



Short Course Enrolment Form



PH: 02 6175 5977



EMAIL: training@mba.org.au

Name of course:

Date of course:

UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we MBA Group Training Limited 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). 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/>. For further details please see our USI Policy at <https://www.mba.org.au/training/policies-and-procedures/>. **Please enter your Unique Student Identifier (USI) in the space below.**

USI NUMBER:

PERSONAL DETAILS

Note: Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want MBA Group Training Limited to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.

Family Name:

Given Name:

Other Name:

Gender (please tick):

Female

Male

Other

DOB:

Email:

Mobile No:

Home No:

Note: 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. We are required to include this information in the data we submit to meet our RTO obligations.

Building/Property Name:

Flat/Unit No:

Street or Lot No:

Street Name:

Suburb:

State/ Territory:

Postcode:

*Note: If your postal address is the same as your residential address listed above, please move onto **Employment Information**.*

POSTAL ADDRESS

Building/Property Name:

Street or Lot No:

Street Name:

Suburb:

State/ Territory:

Postcode:

CONTINUED ON NEXT PAGE

EMPLOYMENT INFORMATION

Of the following categories which **BEST** describes your current employment status? (tick one box only)

**For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).*

- Full time employee Part time employee Not employed - not seeking employment
- Self-employed - not employing others Self-employed - employing others
- Employed - unpaid worker in family business Unemployed - seeking full time work
- Unemployed - seeking part time work

EMPLOYER DETAILS

Employer Name:

Employer Email:

PO No:

Attendees position/occupation with Employer:

Employer Contact No:

ABN/ACN:

Employer Address:

Suburb:

State/ Territory:

Postcode:

CULTURAL DIVERSITY

In which country were you born?

Australia

Other, please specify:

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

DISABILITY

If you consider yourself to have 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, available at <https://www.mba.org.au/training/policies-and-procedures/>)

Hearing/Deaf

Physical

Intellectual

Vision

Learning

Mental illness

Acquired brain impairment

Medical condition

Other

CONTINUED ON NEXT PAGE

STUDY REASON

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

PRIVACY STATEMENT AND STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- NCVER.
- Organisations conducting student surveys.
- Researchers

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.

All elements of enrolment, payment and training delivered at MBA Group Training is conducted in accordance with the policy and procedures accessible at www.mba.org.au/training/policies-and-procedures/. This includes, but is not limited to:

- USI Policy
- USI Application through your RTO
- Complaints and Appeals Policy
- Transfer and Cancellation Policy
- Enrolment Policy
- Assessment Policy
- Disability Supplement
- Privacy Policy
- PPE Policy

Student Signature:

Date:

*Parent/Guardian Signature:

Date:

**Parental/guardian consent is required for all students under the age of 18. NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).*

PAYMENT DETAILS

Person/Company responsible for payment of course:

Payee Email Address :

Payment Method:

Credit Card

Invoice (will be sent to payee email address listed above)

**Any credit card details collected by MBA Group Training will be stored securely until payment has been made for the specified enrolment/s. After payment, credit card details will be destroyed.*

Cardholder name:

Card No:

Expiry Date:

Payee Signature:

LANGUAGE, LITERACY AND NUMERACY (LLN)

MBA Group Training are required to demonstrate LLN needs have been identified and the appropriate support can and will be provided for all course participants prior to commencing training. You are required to complete this LLN assessment and attach to your registration form prior to confirmation of your enrolment can be provided.

FAILURE TO COMPLETE THIS LLN WILL PREVENT MBA GT FROM ACCEPTING YOUR ENROLMENT.

QUESTION 1: Read the following statement and answer questions 1a and 1b below.

Michael enrolled to complete a short course in Traffic Control. The course includes both practical and theory assessment. Michael identified he best learns using practical skills.

1a: What type of assessment is in the traffic control course?

1b: How does Michael best learn?

QUESTION 2: Select the correct words to be used in the sentence below.

The little **read red reed** headed boy sat on the mat whilst he **red read reed** his book. His mother asked him to help her by **feeding feding feading** the dog. The little boy did a **grate great greet** job.

QUESTION 3: Using the text message image below, answer the following questions.

3a: Who is the message from?

3b: Who is the message to?

3c: What time is the party?



Hi Tim. Happy Birthday! I'm at Tony's now but I'll see you at the bowling alley at 7pm for your party.
From Sandy.

QUESTION 4: Using the time sheet below answer the following questions.

4a: What is John's total pay for the week?

4b: How many hours did John work on Thursday?

4c: What was the date on Sunday?

| Employee Name: John Doe | | | | Hourly Rate: \$20.00 | |
|-------------------------|-----------|-------|--------|----------------------------|-------------|
| Date | Day | Start | Finish | Breaks | Total Hours |
| 15/8 | Monday | 10:00 | 13:00 | | 3.00 |
| 16/8 | Tuesday | 10:00 | 15:00 | | 5.00 |
| 17/8 | Wednesday | 06:00 | 10:00 | | 4.00 |
| 18/8 | Thursday | | | | |
| 19/8 | Friday | | | | |
| 20/8 | Saturday | | | | |
| 21/8 | Sunday | | | | |
| | | | | Total hours worked: | 12.00 |
| | | | | Total Pay: | |

QUESTION 5: Please answer the numeracy questions below.

5a: If you cut 7 apples in half, how many pieces of apple will you have?

5b: If you buy three 2 Litre bottles of soft drink, how many total Litres do you have?

5c: Trisha has 13 dogs, 2 cats and 3 fish. How many pets does she have all together?

LLN STUDENT DECLARATION

By signing the below, you are agreeing that the above questions were completed without assistance from any other person or device.

Student Signature:

Date:



ENROLMENT SURVEY

This information will be used to contribute to our analysis of completed training and allow our team to continue delivering training to meet industry needs.

IS THE STUDENT A NEW ENTRANT TO THE ACT CONSTRUCTION INDUSTRY?

Yes

No

IS THE STUDENT OBTAINING A NEW SKILL BECAUSE OF A SPECIFIC PROJECT THEY ARE WORKING ON?

Yes

No

IS THE STUDENT RELOCATING FROM OUTSIDE OF THE ACT TO THE ACT FOR WORK?

Yes

No

IS THE EMPLOYER A MEMBER WITH THE MBA?

Yes

No

HOW DID YOU HEAR ABOUT US?

Another MBA Member

Returning Client

MBA Website

MBAGT Staff Member

Existing Client

Word of Mouth

Social Media

For further information about the range of MBA's services and training courses please refer to our website www.mba.org.au

or contact us on 6175 5900



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All MBAGT Polices are available on our website @ mba.org.au