HLTAID009, HLTAID010, HLTAID011 FIRST AID

Training provided by Actwell First Aid Training RTO # 90909

The aim of this course describes the skills and knowledge required to provide first aid response, basic life support, management of casualty(s), the incident and other first aiders, until the arrival of medical or other assistance. This course is suitable for those requiring workplace first aid skills.

The CPR (HLTAID009 Provide Cardiopulmonary Resuscitation) component of this course is valid for 12 months and the HLTAID010 Provide Basic Emergency Life Support and HLTAID011 Provide First Aid qualification expires after three (3) years.

DURATION: 8 hours, 6 hours online pre-course induction and 2 hours 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: \$45 (member after rebate) \$195 (member)

\$65 (non-member after rebate) \$215 (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
- English language skills sufficient to understand both written and verbal instruction
- 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.

REGISTRATION:

Email this form 14 days prior to the course Email: training@mba.org.au

CONTENT:

- Perform cardiopulmonary resuscitation in line with the Australian Resuscitation Council
- Recognise and respond to life-threatening emergencies in line with the Australian Resuscitation Council
- Provide first aid response to a casualty

CERTIFICATION:

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

- HLTAID009- Provide cardiopulmonary resuscitation
- HLTAID010 Provide basic emergency life support
- HLTAID011 Provide first aid

FURTHER ENQUIRIES:

Ph: (02) 6175 5900

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 5900 Additional courses may be scheduled for group bookings.



PH: 02 6175 5900 **Short Course Enrolment Form** 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-forgottenmy-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: Other Name: Given Name: Gender** (please tick): **Female** Male Other DOB: **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. Flat/Unit No: **Building/Property Name: Street Name: Street or Lot No:** Suburb: State/ Territory: Note: If your postal address is the same as your residential address listed above, please Postcode: move onto Employment Information. **POSTAL ADDRESS Street or Lot No: Building/Property Name: Street Name:** State/ Territory: Postcode: **Suburb:**

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 - upaid worker in family business Unemployeed - seeking full time work			
Unemployeed - 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			

STUDY REASON						
To try for a different career	It was a requirement of my job	PD/Self-development				
I want extra skills for my job	To get a better job or promotion	Other				
For another course of study	For community/voluntary work	To get a job				
To develop my existing buisness 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. 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 • Transfer and Cancellation Policy • Disability Supplement • Privacy Policy • PPE Policy						
Student Signature:	Dat	te:				
*Parent/Guardian Signature:	Dat	te:				
*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 e	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.

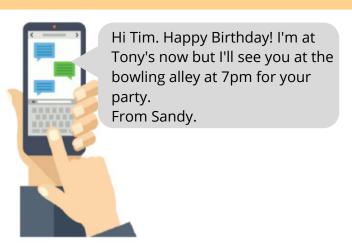
The little read red reed headed boy sat on the mat whilst he red read reed his book. His mother asked him to help her by feeding feding feading the dog. The little boy did a grate great greet job.

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?



CONTINUED ON NEXT PAGE

QUESTIO	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			Hourl	y 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:		
QUESTIO	N 5: Please a	answer the numer	acy 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 S	ignature:	gnature: 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?	IS THE STUDENT OBTAINING A NEW SKILL BECAUSE OF A SPECIFIC PROJECT THEY ARE WORKING ON?					
Yes No	Yes No					
IS THE STUDENT RELOCATING FROM OUTSIDE OF THE ACT TO THE ACT FOR WORK? IS THE EMPLOYER A MEMBER WITH THE MBA?						
Yes No	Yes No					
HOW DID YOU HEAR ABOUT US?						
Another MBA Member Retu	urning Client MBA Website					
MBAGT Staff Member Exisitng Client Word of Mout						
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

MASTER BUILDERS
GROUP TRAINING

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