

Application checklist

40638SA Graduate Diploma of Diagnostic Medical Ultrasound (General Discipline)



Family name (surname)

Given names

Date of birth

Application date

Email

Mobile number

Course Application Instructions / Checklist

The Graduate Diploma of Diagnostic Medical Ultrasound (General Discipline) is a level 8 course under the Australian Qualifications Framework. All documentation as outlined below must be submitted with this application.

1. Download and complete the Application Form.
2. Return all documentation to include this checklist as outlined below in PDF format, correctly labelled and in one email (limit of 10MB) to graddip@aihe.edu.au
3. Make payment of the non-refundable application fee of \$200 as outlined in the fee schedule
4. Your application will be reviewed and if successful you will be notified as to when an interview is scheduled.
5. You will be notified of the outcome of the interview within 28 days of the interview date.

Document Type

Document name

Application checklist (submit with signed Student Declaration)	Surname_First name_dd_mm_yyyy_checklist
Completed Application Form to include USI number, signed confidentiality statement, application declaration and agreement to the policies in the student information guide.	Surname_First name_dd_mm_yyyy_application
Current curriculum vitae	Surname_First name_dd_mm_yyyy_cv
A one page essay: "My motivation to become a sonographer is..."	Surname_First name_dd_mm_yyyy_essay
Proof of Australian citizenship or residency (certified copy). (AIHE is unable to accept overseas/international applicants for this course)	Surname_First name_dd_mm_yyyy_citizenship
Certificates and testamurs relevant to this application: please include the subject outline and results (certified copy)	Surname_First name_dd_mm_yyyy_quals
Valid HLTAID003 Provide first aid certificate or equivalent (certified copy)	Surname_First name_dd_mm_yyyy_HLTAID003
If not complete please state when this will be completed. (It must be completed at minimum 1 month prior to course commencement)	
Valid working with children check from your state of residence (certified copy)	Surname_First name_dd_mm_yyyy_WWC
If not complete please state when this will be completed. (It must be completed at minimum 1 month prior to course commencement)	
Valid police check obtained within the last 3 months: (certified copy)	Surname_First name_dd_mm_yyyy_Police
Current immunisation status	Surname_First name_dd_mm_yyyy_immunisation
Immunisation completion date (or anticipated date)	

Additional Documentation

If required under the application guidelines please submit the below documents.

IELTS7 Academic (if your degree is from a non native English speaking country) (certified copy)

Surname_First name_dd_mm_yyyy_IELTS7

Application for Recognised Prior Learning if applicable. Please contact AIHE for the RPL application form.

Notes:

Only completed application forms will be considered.

This is an application for consideration to be accepted into this course and only shortlisted candidates will be contacted to attend an interview. If you are successful in obtaining an interview you will be required to bring all your original documentation with you and to complete a pre-class assessment to help AIHE gauge your level of learning on the day of your interview.

If you are unsure if you require a Certificate III in Allied Health Assistance as part of your entry requirements please submit your otherwise completed application form and AIHE will notify you as to whether this is required or not.

If you have commenced your immunisation, and it will be completed prior to the course commencement date, please indicate the anticipated completion date on the checklist. You will not be able to enter the course without a completed immunisation.

Immunisation and police checks are to be obtained in your state of residence.

Working with children check is to be obtained in the state where you will be undertaking clinical placements.

Immunisation details may be found at:

[NSW immunisation](#) (category A): Vaccination cards can be obtained from AIHE by contacting graddip@aihe.edu.au

[VIC immunisation](#) (category A): Vaccination cards can be obtained from AIHE by contacting graddip@aihe.edu.au

[QLD Immunisation](#) (category Healthcare workers):

Other states: please refer to your state health department for details and appropriate documentation.

Working with children details may be found at:

[NSW WWC](#)

[VIC WWC](#)

[QLD BLUE CARD](#)

Other states please refer to your state authority

Police Checks: Other states please refer to your state authority

[NSW](#)

[VIC](#)

[QLD](#)

Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by the Australian Institute of Healthcare Education (AIHE).

I understand that my RTO AIHE is required to submit data sourced from this enrolment form to the national VET administrative collection 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:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I understand that I may receive a National Centre for Vocational Education Research (VCVER0 student survey).

Student signature & date:

Application form
40638SA Graduate Diploma of Diagnostic Medical Ultrasound
(General Discipline)



Electronic version: Please complete this form then save it and return to AIHE email: graddip@aihe.edu.au with the accompanying documentation outlined in the checklist. Please note: only shortlisted candidates will be contacted for an interview.

Application date Course Commencement

Your USI* number

Personal details

Family name (surname)**

Given names

Date of birth Gender

Telephone Mobile

Email address

Emergency contact details

Contact name

Relationship Telephone number

Residential address

Building/property name Unit number

Street number Street name

Suburb, locality, town State, territory Postcode

Postal address

Same as residential address

Building/property name Unit number

Street number Street name

PO Box details

Suburb, locality, town State, territory Postcode

** From 1 January 2015, we the Australian Institute of Healthcare Education 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). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on a computer or mobile device.*

*** Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.*

Language and cultural diversity

Are you of Aboriginal or Torres Strait Islander origin?

Country of birth

If other please indicate country of birth here if not Australia

Do you speak a language other than English at home?

How well do you speak English?

if you answered "Yes" to the question above please state which language(s) you speak at home other than English

Note: If you are not native english speaking you are required to submit your IELTS level 7 certificate with this application. Have you included this with your application?

Disability

Do you consider yourself to have a disability, impairment or long term condition?

If you answered yes to previous question please indicate the area(s) from this list

Acquired Brain impairment (16)

Learning (14)

Other

Hearing/deaf (11)

Medical Condition (18)

Physical (12)

Intellectual (13)

Mental illness (15)

Unspecified

Vision (17)

Schooling

Are you still attending secondary school?

What is your highest completed school level?

In which year did you compete that school level?

Where completed

Have you successfully completed any of the following qualifications?

If yes, tick any applicable boxes. (you may tick more than one)

Bachelor degree or higher (008)

Certificate III (or trade certificate) (514)

Advanced diploma or associate degree (410)

Certificate II (521)

Diploma (or associate diploma) (420)

Certificate I (524)

Certificate IV (or advanced certificate/technician) (511)

Certificates other than the above (990)

Employment

Of the following categories, which BEST describes your current employment status?

Citizenship

Proof of Australian citizenship / residency (please submit a copy)

Other details to include expiry date of visas

Study reason

Which of these categories BEST describes your main reason for undertaking this course?

Application Fee payment

Please make payable the non-refundable \$200 application fee with this application submission. Please clearly state your name on the transaction and send a copy of the payment receipt with your completed application.

Account name: AIHE
BSB number: 062 438
Account number: 1023 1114

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.

Once you have completed this form please save and return it to AIHE alongside the required accompanying documents and application fee to support your application.

If you have any questions regarding this form please call AIHE on 1300 656 036 or email us: graddip@aihe.edu.au

Student pledge of confidentiality
40638SA Graduate Diploma of Diagnostic Medical Ultrasound
(General Discipline)



Please complete and sign this form and return it with your application to AIHE.

Family name (surname)

Given names

Date of birth

I (insert name)

understand and agree that as a student enrolled in the Graduate Diploma of Diagnostic Medical Ultrasound (General Discipline) that I must hold all information, verbal and written, concerning patients and their visitors in STRICTEST CONFIDENCE. This includes medical, personal, social and psychological information.

I will only use such information when needed for patient care and education in a manner that will protect the privacy and confidentiality of everyone concerned.

I fully understand that any disclosure of the above information in any way is a serious student misconduct and may be cause for dismissal from this course.

Signed: _____

Given names:

Family name (surname)

Date:

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.

Student agreement to policies in Student Information Guide
40638SA Graduate Diploma of Diagnostic Medical Ultrasound
(General Discipline)



Please complete and sign this form and return it with your application to AIHE.

Family name (surname)

Given names

Date of birth

I (insert name)

understand and agree that as a student enrolled in the Graduate Diploma of Diagnostic Medical Ultrasound (General Discipline) that I must adhere to the policies and procedures outlined in the Student Information Guide. In particular these include:

- Student code of conduct to include uniform code & attendance policy
- Student clinical placement
- Internet usage / Bring your own device policy
- Referencing and assignment requirements
- All assessment policies and procedures

On successful enrolment the Academic Manager will explain in more detail how the clinical applications laboratory is undertaken and then I will review the Consent to Scanning and Teaching form and complete this within the first week of attending classes at AIHE.

I fully understand that not adhering to these policies in any way is a serious student misconduct and may be cause for dismissal from this course.

Signed: _____

Given names:

Family name (surname)

Date:

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.

Student application declaration
40638SA Graduate Diploma of Diagnostic Medical
Ultrasound (General Discipline)



Please complete and sign this form and return it with your application to AIHE.

Family name (surname)

Given names

Date of birth

I (insert name)

am aware of the extent of the course fees associated with studying in the course at Australian Institute of Health Education Pty Ltd and I am prepared to meet these costs.

I have read, understood and agree to abide by the RTO policies and the terms and conditions of enrolment if I am offered a place in this course.

I understand that if I provide incorrect or incomplete information, this may result in cancellation of my application and/or subsequent enrolment.

I recognize that it is my responsibility to provide all necessary documentation to support this application.

I authorize Australian Institute of Health Education Pty Ltd to obtain further information where necessary and I understand that I am obliged to notify the RTO and ASQA of any change of contact details and address while I am enrolled in the course.

Signed: _____

Given names:

Family name (surname)

Date:

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.