

# Enrolment Form

## Provide An Emergency First Aid Response in an Education and Care Setting – HLTAID004

|                          |  |                             |  |
|--------------------------|--|-----------------------------|--|
| <b>Given Name:</b>       |  | <b>Surname:</b>             |  |
| <b>USI:</b>              |  | <b>Date of Birth:</b>       |  |
| <b>Email:</b>            |  |                             |  |
| <b>Address:</b>          |  |                             |  |
| <b>Suburb:</b>           |  | <b>Post Code:</b>           |  |
| <b>Mobile #:</b>         |  | <b>Other #:</b>             |  |
| <b>Emergency Contact</b> |  | <b>Emergency Contact #:</b> |  |
| <b>Unit Start Date:</b>  |  | <b>Unit End Date:</b>       |  |

### Learner questionnaire

It is the learners responsibility to ensure that this area is read and understood prior in commencing any training and that any answers that are denoted "yes" must also be verbally discussed with the trainer prior to any training beginning. Should any of these conditions change throughout the course duration, the learner must inform the trainer immediately.

|   |   |
|---|---|
| <b>Do you have any impairment, disability, injury or medical condition that would impair your ability to perform the course requirements as made available during your enrolment?</b> | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____<br>_____<br>_____ |
| <b>Do you have any language, literacy or numeracy requirements to complete this course requirements as made available during your enrolment?</b>                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____<br>_____<br>_____ |

The following questions are asked of learners as statistical data collection only. They will in no way effect your learning, assessment or experience as a learner.

|  |   |
|--|---|
| <b>Are you of Aboriginal or Torres Strait Islander origin?</b> | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander<br><input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander |
| <b>Do you speak English at home?</b>                           | <input type="checkbox"/> Yes <input type="checkbox"/> No, I speak: _____  |

### Learner Declaration

1. I understand I will be provided feedback throughout the course and will only be notified if I am not yet competent.
2. I have read and understood all of the Royal Life Saving Society Western Australia policies, procedures and terms of enrolment, available:  
<https://www.royallifesavingwa.com.au/programs/vocational-training/rto-policies>
3. I give permission for my statement of attainment / award to be sent to a third party such as an employer.
4. I understand and will comply with all COVID management precautions and requirements.

Signature of learner: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

|                      |  |             |  |
|----------------------|--|-------------|--|
| Name of document:    | LD04 – Enrolment Form & Learner Sign Off (Evidence To Support Pre-Enrolment & Competence Criteria) HLTAID004 |             |  |
| Version Number: 1.0  | Location: Standard 1, Standard 3   |             |  |
| Reviewed: April 2020 | Next review due: April 2021  |             |  |
| RTO Number: 0854     | Written by: RLSSWA   | Page 1 of 3 |  |

# Learner Sign-Off Sheet

| Elements & Performance Criteria                     |  |
|---|--|
| 1. Respond to an emergency situation                | 1.1 Recognise an emergency situation<br>1.2 Identify, assess and manage immediate hazards to health and safety of self and others<br>1.3 Assess the casualty and recognise the need for first aid response<br>1.4 Assess the situation and seek assistance from emergency response services  |
| 2. Apply appropriate emergency first aid procedures | 2.1 Perform cardiopulmonary resuscitation (CPR) in accordance with Australian Resuscitation Council (ARC) guidelines<br>2.2 Provide first aid in accordance with established first aid principles<br>2.3 Ensure casualty feels safe, secure and supported<br>2.4 Obtain consent from casualty, caregiver, registered medical practitioners or medical emergency services where possible<br>2.5 Use available resources and equipment to make the casualty as comfortable as possible<br>2.6 Operate first aid equipment according to manufacturer's instructions<br>2.7 Monitor the casualty's condition and respond in accordance with first aid principles |
| 3. Communicate details of the incident              | 3.1 Accurately convey details of the incident to emergency response services<br>3.2 Report details of incident to supervisor<br>3.3 Complete relevant workplace documentation, including incident report form<br>3.4 Report details of incidents involving babies and children to parents and/or caregivers<br>3.5 Follow workplace procedures to report serious incidents to the regulatory authority<br>3.6 Maintain confidentiality of records and information in line with statutory and/or organisational policies  |
| 4. Evaluate the incident and own performance        | 4.1 Recognise the possible psychological impacts on self, other rescuers and children<br>4.2 Talk with children about their emotions and responses to events<br>4.3 Participate in debriefing with supervisor  |

| Training Location   | Assessment Instrument               | Attempt 1 Result<br>S / NS / CT / RPL |      | Attempt 2 Result<br>S / NS / CT / RPL |      | Comments | Final Result<br>S / NS / CT / RPL |
|---|-------------------------------------|---------------------------------------|------|---------------------------------------|------|----------|-----------------------------------|
|   |                                     | Result                                | Date | Result                                | Date |          |                                   |
| 1   | Knowledge Assessment                |                                       |      |                                       |      |          |                                   |
| 2   | Adult CPR unconscious breathing     |                                       |      |                                       |      |          |                                   |
| 3   | Child CPR unconscious not breathing |                                       |      |                                       |      |          |                                   |
| 4   | Infant CPR                          |                                       |      |                                       |      |          |                                   |
| 5   | 2 person CPR and AED                |                                       |      |                                       |      |          |                                   |
| 6   | Allergic reaction and anaphylaxis   |                                       |      |                                       |      |          |                                   |
| 7   | Bleeding control                    |                                       |      |                                       |      |          |                                   |
| 8   | Envenomation                        |                                       |      |                                       |      |          |                                   |
| 9   | Choking infant                      |                                       |      |                                       |      |          |                                   |
| 10  | Respiratory distress                |                                       |      |                                       |      |          |                                   |
| 11  | Child casualty - fractures          |                                       |      |                                       |      |          |                                   |
| 12  | Sprains and strains                 |                                       |      |                                       |      |          |                                   |
| 13  | Seizures                            |                                       |      |                                       |      |          |                                   |
| 14  | Poisoning                           |                                       |      |                                       |      |          |                                   |
| 15  | Workplace policies and procedures   |                                       |      |                                       |      |          |                                   |
| <b>Final Result</b><br>(C = Competent or NYC = Not Yet Competent) |                                     |                                       |      |                                       |      |          |                                   |

**Notes:** The assessment instruments above are based on the Training and Assessment Strategy and cannot be changed. If reasonable adjustment is required for individual learner needs, please complete a Language, Literacy or Numeracy adjustment form and attach to this document when submitting back to the Royal Life Saving Society WA. For learners to be deemed overall competent in this unit they must demonstrate competence in **all** required assessment tasks. (Please refer to the TAS and the Assessment Policy and Procedure for further details)

## Learner Sign-Off Sheet

### Learner declaration and feedback acknowledgement

1. I have had a copy of the unit/s of competency related to this assessment made available to me.
2. The purpose and consequences of the assessments have been explained to me.
3. I understand the conditions under which the assessment will be conducted.
4. I have had the opportunity to discuss any special needs I may have.
5. I am aware that plagiarism is not permitted and that if I am requested to re-submit an assessment due to plagiarism I will be required to pay a fee.
6. I understand I am responsible for keeping a copy of all submitted assessment work in the event that the original is lost or misplaced.
7. I was adequately prepared to undertake the assessments.
8. I understand my right of appeal under the Complaints and Appeals Policy and Procedure.

I acknowledge that I have been advised of my final result of:

Competent  or Not Yet Competent

| Learner Name: | Learner Signature: | Date: |
|---------------|--------------------|-------|
|               |                    |       |

Learner was not available to receive final result

Additional Comments:

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### Trainer Use Only

- All assessments have been submitted
- All assessments have been judged, graded and marked
- Learner has been provided feedback on assessments (where possible)
- Results have been recorded according to Policy and Procedure

Additional Comments:

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| Trainer Name: | Trainer Signature: | Date: |
|---------------|--------------------|-------|
|               |                    |       |