

## ASSISTANT IN PODIATRY - STUDENT ENROLLMENT FORM

### Registration

Enrollment forms should be received by Pod In Health Training at least one month prior to the course commencement date. An invoice will be forwarded to the contact person (employer) along with a copy of the students confirmation letter, course schedule and pre-work requirements. Details of the students progress will be made available to the Contact Person upon request.

### Contact Person (Employer)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company / Business : \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of the Australian Podiatry Assoc. YES / NO Please provide membership number: \_\_\_\_\_

### Student Details (Employee)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company / Business : \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of a professional Association YES / NO Please provide details: \_\_\_\_\_

### Emergency Contact

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please advise any relevant health / medical / personal information that may affect your studies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The following information will assist us to maintain and monitor work place / environment information that may be useful for health planning initiatives in the future.

1. Your Work Environment	tick
Private Practice	<input type="checkbox"/>
Community Services	<input type="checkbox"/>
Residential Care	<input type="checkbox"/>
Other, _____	<input type="checkbox"/>

2. Workplace Location	tick
City / Suburbs / SA _____	<input type="checkbox"/>
City / Suburbs / Interstate _____	<input type="checkbox"/>
Rural SA _____	<input type="checkbox"/>
Rural Interstate _____	<input type="checkbox"/>

3. Scope of Practice your employer engages in	tick
High Risk, i.e. Diabetes, vascular disease	<input type="checkbox"/>
Sports Medicine / Biomechanics	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>
Surgery	<input type="checkbox"/>
Aged Care	<input type="checkbox"/>
General Podiatry	<input type="checkbox"/>

4. Nominate a mentor that you can discuss workplace issues

5. How long have you been employed in this field?

6. How many hours per week do you work in this field?

7. List any prior qualifications or other relevant experience

8. Please indicate any allergies, ie: food, latex

9. Do you have any existing injury, condition or have you suffered a workplace injury that would prevent you handling clients?
<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Do you have any catering requirements?

11. Indicate your level of knowledge / skill
<b>(a) Practice Management</b> <i>appointments, accounts, stock control, HiCAPS, EFTPOS, clinical records</i>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent
<b>(b) Client assistance / preparation</b>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent
<b>(c) Instrument Maintenance &amp; Sterilisation Procedures</b>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent
<b>(d) Orthotic adjustments / insole manufacture</b>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent
<b>(e) Physical Therapy</b> <i>TENS, Ultrasound, Stretching</i>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent
<b>(f) Occupational Health and Safety</b>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent
<b>(g) Podiatry Act and Regulations</b>
<input type="checkbox"/> No Knowledge <input type="checkbox"/> Basic Knowledge <input type="checkbox"/> Competent

12. Do you use computers in the workplace?	tick
Accounts	<input type="checkbox"/>
Appointments	<input type="checkbox"/>
Client Notes	<input type="checkbox"/>
Gait Analysis	<input type="checkbox"/>
Orthotic Manufacture (CadCam)	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

13. Do you have a current senior first aid certificate?
<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide a copy of your certificate)

The APodA SA acknowledges the support provided by our Corporate Sponsor, Steel Blue in developing the training courses to further enhance the podiatry services and foot related health care to all Australians.

### PRIVACY STATEMENT

POD in Health Training has a commitment to comply with the Privacy Act of 1988 and its amendments. The information you provide assists us to tailor a training package specific to student needs. Information is voluntary.