

BOX HILL INSTITUTE CERTIFICATE IV in HEALTH
(NURSING)/MEDICATION ADMINISTRATION ADMISSIONS TEST (HAT)

REGISTRATION FORM

Given Name _____ Family Name _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Home Phone _____ Mobile _____

I wish to study the Certificate IV in Health (Nursing)/Medication Administration

Full time Part time Full time or Part time

Please indicate below the date that you would like to sit the HAT.

Saturday 6 October Saturday 13 October

There are two sessions on each day – 10.00 am and 2.30 pm. If you are able to be accommodated on your selected date you will be allocated a session. You can not select your test session.

I am not able to sit the HAT on the date/s indicated below.

Saturday 6 October Saturday 13 October Saturday 20 October

The Saturday 20 October test date will only take place if Saturday 6 and Saturday 13 October are over-subscribed.

Test venue details are available on the ACER website.

Following registration you will receive confirmation of your test session and an admission ticket, with candidate number. You must bring the admission ticket to your allocated test session, as well as your photo identification. Please consult the ACER website to learn about acceptable forms of photo identification.

Payment

The HAT fee is \$45.00. Payment may only be made by credit card, Australia Post Money Order or Bank Draft (AUD). Personal cheques or cash will not be accepted. If paying by credit card please complete details below.

Bankcard Mastercard American Express Visa Diners Club

Card No: ____ / ____ / ____ / ____ Card Expiry Date ____ / ____

Name (please print) _____ Signature _____

Make Bank Draft or Money Order payable to: ACER – HAT.

Consent

I understand that registration to sit HAT constitutes an acceptance of and agreement to abide by the conditions set forth on the HAT website concerning the test administration.

I agree to have my results released to Box Hill Institute for purposes of admission into the Certificate IV in Health (Nursing)/Medication Administration (HAT).

I also acknowledge that my results may be used for research purposes. In all cases my name will be separated from the data and my test records will be treated with the utmost confidentiality.

Candidate's Signature _____ Date _____

Return this application and payment to:

HAT Registration, ACER
Private Bag 55
Camberwell VIC 3124

For more information about this test go to www.acer.edu.au/nursing