

HLT37315 Certificate III in Health Administration



Expression of Interest 2025

To be completed and signed by the applicant and the applicant's manager.
Management support and commitment throughout the duration of the program is essential.

*Program guide must be read prior to completing this application

Part A: Applicant's Personal Details

Surname:			
Given names:			
Position title:			
Department:			
Facility			
Employee number:		Telephone:	
Length of service in current position:		Email address:	

How did you hear about this opportunity?

Sydney Education website

Manager

Other (please specify below)

Have you previously completed any formal study? Yes No

If yes, please list the area of study, where you attended and the year of completion.

	Qualification	Provider	Year completed
1			
2			
3			

What are your main duties at work?

Why are you interested in completing this qualification?

Training Days at a Sydney Education Facility

All training days run from 9:00am - 4:30pm unless otherwise indicated

	Program Orientation	12 Feb 2025
BSBPEF301	Organise personal work priorities	19 Feb 2025
CHCCOM005	Communicate and work in health or community services	12 Mar 2025
BSBMED301	Interpret and apply medical terminology appropriately	09 Apr 2025
		16 Apr 2025
		30 Apr 2025
BSBMED305	Apply the principles of confidentiality, privacy, and security within the medical environment	07 May 2025
HLTWHS001	Participate in workplace health and safety	28 May 2025
BSBINN201	Contribute to workplace innovation	25 Jun 2025
BSBFLM309	Support continuous improvement systems and processes	
CHCDIV001	Work with diverse people	30 Jul 2025
BSBOPS304	Deliver and monitor a service to customers	27 Aug 2025
BSBPEF201	Support personal wellbeing in the workplace	24 Sept 2025
BSBINM301	Organise workplace information	16 Oct 2025
BSBRKG303	Retrieve information from records	
HLTINF006	Apply basic principles and practices of infection prevention and control	19 Nov 2025

Applicant Declaration

I can make the commitment required to complete all components of the qualification indicated in the program guide.

I understand I will have to undertake a language, literacy, and numeracy assessment as part of the application process.

I have discussed this with my line manager.

I confirm I have attached my current position description with this application.

Applicants Signature: _____ Date: _____

Part B: Completed by Applicant's Line Manager

As the applicant's manager, I fully support the staff member's participation in this program. I understand this program will require me to:

Collaborate with the applicant to discuss development needs and how these may be met through workplace project/activities..

Release the applicant to attend the scheduled program as per the program guide.

Applicants will be assessed through the completion of Workbooks, and you may be requested to sign off on their capability in the workplace.

Provide ongoing support to the applicant for the duration of the program.

I understand that I may receive updates from the program coordinator regarding staff progress.

Manager last name:	
Given name(s):	
Position title:	
Department:	
Facility:	
Telephone no:	
E-mail address:	

Manager's signature: _____ Date: _____

Please return this form to:

Rebecca Grimes
Workforce Development Consultant

Email: Rebecca.Grimes@health.nsw.gov.au

APPLICATIONS CLOSE: 10 January 2025

**SYDNEY
EDUCATION**