



AMINYA NATURAL THERAPIES ACADEMY

Enrolment form

Please tick box/boxes of course name you are enrolling in:

- Diploma of Clinical Aromatherapy HLT52315
- Diploma of Reflexology HLT52515
- Certificate IV in Massage Therapy HLT42015
- Diploma of Remedial Massage HLT52015
- Diploma of Kinesiology HLT52415
- Aromatic Therapies Skill Set HLTSS00046

1. PERSONAL DETAILS

Title	Given Name/s	Family Name
Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B
Residential address		
Suburb	State	Post Code
Postal Address		
Suburb	State	Post Code
Mobile	Email	

2. LANGUAGE and CULTURAL DIVERSITY

In which country were you born?	Australia <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Do you speak a language other than English at home?	No <input type="checkbox"/>	Yes (please specify) <input type="checkbox"/>
How well do you speak English?	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>

3. MEDICAL CONDITION / DISABILITY

Do you consider yourself to have a disability, impairment or long term condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, then please indicate the areas of disability, impairment or long term condition. (you may indicate more than one area)		
Hearing/deaf <input type="checkbox"/>	Physical <input type="checkbox"/>	Intellectual <input type="checkbox"/>
Learning <input type="checkbox"/>	Mental illness <input type="checkbox"/>	Acquired Brain Impairment <input type="checkbox"/>
Vision <input type="checkbox"/>	Medical condition <input type="checkbox"/>	Other <input type="checkbox"/>

4. SCHOOLING

What is your highest COMPLETED school level? Yr 12 Yr 11 Yr 10 Yr 9 Yr 8 Never attended school

In which YEAR did you complete that school level?

Are you still attending secondary school? Yes No

5. PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If yes then please tick any of the applicable boxes.

Bachelor Degree or Higher degree	<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>
Diploma or Associate Diploma	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/>

6. EMPLOYMENT

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

Full time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Part time employee	<input type="checkbox"/>	Unemployed – seeking full time work	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part time work	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

7. STUDY REASON

To get a job	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	For personal interest or self development	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

8. UNIQUE STUDENT IDENTIFIER (USI)

Insert USI number

If you do not have a USI go to <https://www.youtube.com/watch?v=5VG2EbljBJw> for information.

