



AMINYA NATURAL THERAPIES ACADEMY

Enrolment form

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

<input type="checkbox"/>	Diploma of Clinical Aromatherapy HLT52315
<input type="checkbox"/>	Diploma of Reflexology HLT52515
<input type="checkbox"/>	Certificate IV in Massage Therapy HLT42015
<input type="checkbox"/>	Diploma of Remedial Massage HLT52015
<input type="checkbox"/>	Diploma of Kinesiology HLT52415
<input type="checkbox"/>	Aromatic Therapies Skill Set HLTSS00046
<input type="checkbox"/>	Certificate IV in Ayurveda Aromatherapy 10622NAT
<input type="checkbox"/>	Diploma of Ayurveda Aromatherapy 10623NAT

1. PERSONAL DETAILS

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

EMERGENCY CONTACT DETAILS

Title	Given Name/s	Family Name
Relationship		
Mobile	Email	
Medical Information optional		
Doctors Name		
Doctors contact		
Allergies		
Medications		

1. 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 No

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.

