

Enrolment form



RTO FORM 3A

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

<input type="checkbox"/>	Diploma of Clinical Aromatherapy HLT52315
<input type="checkbox"/>	
<input type="checkbox"/>	Diploma of Reflexology HLT52515
<input type="checkbox"/>	Certificate IV in Massage Therapy HLT42021
<input type="checkbox"/>	Diploma of Remedial Massage HLT52021
<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 <input type="checkbox"/>	No <input type="checkbox"/>
If <u>YES</u> , 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 <u>COMPLETED</u> school level?	Yr 12 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>	Yr 10 <input type="checkbox"/>	Yr 9 <input type="checkbox"/>	Yr 8 <input type="checkbox"/>	Never attended school <input type="checkbox"/>
In which <u>YEAR</u> did you complete that school level?					
Are you still attending secondary school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

5. PREVIOUS QUALIFICATIONS ACHIEVED

Have you <u>SUCCESSFULLY</u> completed any of the following qualifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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

9. HOW DID YOU HEAR ABOUT AMINYA

Word of mouth (i.e. from a friend or colleague)

Online search

Other

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PRIVACY POLICY

Aminya Natural Therapies Academy acknowledges the importance you attach to information that identifies you (personal identifiers such as name, address, date of birth, email address). We are committed to protecting and managing the personal information you choose to share with our organisation.

Through providing this information, we seek to ensure that you will be able to deal with our organisation in full confidence that your personal information will only be used by us in the ways we have described to you, that it will be held securely, and when there is no longer any legitimate purpose in retaining such information it will be disposed of appropriately.

I consent to Aminya Natural Therapies Academy using the information I provide, and they subsequently gather, for the purpose it was collected, to assist in the administration of products and services and to carry out all necessary activities associated with their operational business activities, workplace compliance and legal governance issues. I understand that my student details may be viewed as part of an audit process by government officials.

I have read the policies and procedures within the Student Handbook and course information sheet/s, found on the Aminya website.

I certify that the information on this form is correct and that I understand and agree to the terms of this document.

Name (Printed)

Signature

Date

If student is under 18 please have parent or guardian responsible for payments complete below :

Name (Printed)

Signature

Date

Being parent/guardian of above, take full responsibility for any outstanding fees.

Phone: _____

Email: _____

Residential address: _____

PAYMENT ARRANGEMENTS

The enrolment fee (un-refundable) is \$250.00 unless otherwise noted

Payment by:	Cheque/Money Order	Visa	Mastercard
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Card Number

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Expiry Date

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Month Year

Security No. on back of card (last three numbers)

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Name as shown on card.....

Signed.....