

ENROLMENT FORM



Natural Health Academy of Australia
 3rd Floor, 47 South Terrace
 ADELAIDE SA 5000
 Ph: 08 8231 4933 Fax: 08 8410 1044
 www.massagedelaide.com.au

FOR NHAA USE ONLY	
AVETMISS data entered	<input type="checkbox"/>
Student ID	_____

TITLE: Mr Miss Mrs Ms Other _____ GENDER: MALE FEMALE

SURNAME: _____		GIVEN NAMES: _____	
DATE OF BIRTH:/...../..... (dd / mm / yyyy)		OCCUPATION: _____	
ADDRESS OF USUAL RESIDENCE:	STREET: _____		POSTCODE: _____
	SUBURB: _____		
MOBILE PHONE: _____		9-5pm PHONE: _____	
AFTER HRS PHONE: _____		EMAIL: _____	
POSTAL ADDRESS: (if different from above)	STREET: _____		POSTCODE: _____
	SUBURB: _____		

EMERGENCY CONTACT:	NAME: _____	RELATIONSHIP: _____
	STREET: _____	
	SUBURB: _____	
	PHONE: _____	

TRAINING COURSE DETAILS Enter the name of the Course(s)/Qualification and your preferred starting date(s) below:

Are you enrolling in a Full Qualification? YES NO (If you have answered YES, indicate qualification name below).

Full Qualification Name: eg. Diploma of Remedial Massage/Certificate IV in Massage

Course Name 1: eg. Massage I	Start: / /
Course Name 2: eg. Massage II	Start: / /

Natural Health Academy of Australia Cancellation/Transfer Policy for Training Courses

1. Monies paid to the Natural Health Academy of Australia are subject to the Natural Health Academy refund policies, as stated in the Natural Health Academy student handbook. This handbook is available at the Academy office or via download from www.massagedelaide.com.au
2. Exemptions are considered for previous formal study. Once enrolled, only studies at this college will be recognised for credit towards your award from the Academy. All applications for exemptions must be completed before commencement of your first enrolled subject.
3. The Academy Principal reserves the right to suspend or expel a student from the Academy at any time, dependent on any of the following:
 - a. Whether all appropriate fees have been paid.
 - b. Whether the student has upheld and abided by Academy policies.
 - c. Whether the student has engaged in misconduct as deemed by the tutor or the Academy Principal.
4. It is the students' responsibility to notify the office as soon as possible of any changes of address and telephone numbers (both business and private) and for booking into each course.
5. It is a requirement of the Academy that all tactile participants give and receive on each other during the course whether male or female. If there are medical or cultural reasons why you may not participate you must advise the Academy in writing before commencement of the course to qualify for an exemption.
6. All course assignments and intellectual copyright thereof remain the property of the Academy.
7. Student academic records remain confidential but, as requested, may be accessed by State or Commonwealth Law.
8. Any other matter not specifically mentioned in the Academy Policies is at the discretion of the Academy Principal.

I have read and agree to the above and below conditions of enrolment.

Participants Signature: _____ Date: / /

- I understand and agree that fees paid to the Natural Health Academy of Australia are refundable **only** in accordance with the Academy's refund policy, as listed in the student handbook and as may be amended from time to time.
- I agree to comply with the student protocols and procedures, as listed in the student handbook.
- As part of my course requirements, I will be involved in and participate in class activities with trainers, other students and guest lecturers of the Academy.
- I agree to pay my fees in accordance with the protocols stated in the student handbook.

(NOTE - Please fill in and sign BOTH SIDES of this enrolment form)

TRAINING COURSE DATA Please complete the following statistical data regarding your enrolment

The information below is required by the government.
Unfortunately, we cannot report any units of competency
for your Diploma/Certificate IV to the government without it.

1. Do you speak a language OTHER THAN ENGLISH at home?

No Yes ⇒ Other language is _____

If you DO SPEAK ANOTHER LANGUAGE, how well do you speak and understand ENGLISH?

Very Well Well Very Little Not at all

2. In which country were you born?

Australia Other ⇒ _____

3. Are you of Aboriginal or Torres Strait Islander origin?

Yes No Both

4. Are you still attending secondary school?

Yes No

5. What is the highest level you completed in school?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Never Attended School

6. In what year did you leave school? _____

7. Have you successfully completed any other formal qualifications?

No Yes ⇒ If Yes, tick (✓) a box below

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma or Associate Diploma
- Certificate IV or (Advanced Certificate/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than mentioned

8. Do you consider yourself to have any special needs ie allergies/disability/impairment or long term condition(s)?

No

Yes ⇒ if yes, please describe condition(s) below:

9. Of the following categories, which best describes your current employment status?

- Full-time employment
- Part-time employment
- Self-employed - not employing others
- Employer
- Employed - unpaid worker in a family business
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work
- Not employed - not seeking employment

10. Of the following categories, which best describes your main reason for undertaking this study course?

(Tick (✓) the most appropriate box - one box only)

- Get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

How did you FIRST hear about Natural Health Academy of Australia?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Internet - Google | <input type="checkbox"/> Internet - other |
| <input type="checkbox"/> AAMT/ATMS Site | <input type="checkbox"/> Yellow Pages print |
| <input type="checkbox"/> School/Workplace | <input type="checkbox"/> Other _____ |

Note: The Department of Further Education, Employment, Science and Technology (DFEEST) collect the required information on this form for use by the Commonwealth Department of Education, Employment and Workplace Relations. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

Participants Signature: _____

Date: / /