

* Mr / Miss / Mrs / Ms / Dr (please circle)	
* Family Name	* Given Name
* Address:	* Post Code
*Phone: <i>home</i>	<i>work</i>
	* <i>mobile</i>
*Email:	* Date of Birth / / 19.....
	* Gender:
*Emergency/Next of Kin Contact Details *Name:	* Phone:
*Name and address of person accepting responsibility for payment if other than yourself : (please note we require signature of this person.)	
Name:	
Address:	
*Signature:	
*Have you previously enrolled with the Island Health College	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify: (the course studied)-	

C= Classroom based CWE = Classroom based block intensives W = Workbook	<h2 style="margin: 0;">Certificate IV in Massage Therapy</h2> <h3 style="margin: 0;">HLT42015</h3> <p style="margin: 0;"><i>IHC modules</i></p>	
	C	Anatomy & Physiology 1 HLTAAP002 – Confirm physical health status
	C or CWE	Massage 1 HLTMSG002 – Assess client massage needs HLTMSG004 – Provide massage treatments
	C or CWE	Musculoskeletal MM HLTAAP002 – Confirm physical health status HLTMSG002 – Assess client massage needs HLTMSG004 – Provide massage treatments
	C & W	Workplace Health and Safety WHS & Infection Control HLTWHS004 – Manage work health and safety HLTINF004 – Manage The control of infection
	C	Reflexology 1 HLTREF002 – Provide reflexology for relaxation
	Off site	HLTAID003 – Provide first Aid. to be completed off site with another provider
	C or W	Business Administration 1 CHCPRP003 – Reflect and improve own professional practice CHCCOM006 – Establish and manage client relationships HLTMSG001 – Develop massage practice CHCLEG003 – Manage legal and ethical compliances CHCDIV001 – Work with diverse people BSBSMB404 – Undertake small business planning
		Clinical Practice CL All of the above

OFFICE USE ONLY (PLEASE INITIAL AS COMPLETING)			
Student ID No.	Enrolment deposit receipt no	Deposit receipt no	Acknowledgment enrolment fee
Confirmation course commencement	Copy of enrolment form given	Entered to myob	Entered to VETtrak
Course Guide version:			

Please turn over the page and complete the remainder of this form.

Student Name:

Recognised Prior Learning (RPL). RPL is an assessment process of an individual’s relevant prior learning. Further information on the units of competency may be found on our Training and Assessment Strategy document.
 The Island Health College accepts credit transfers from other RTO’s / Colleges based on identified equivalence in content and learning outcomes between matched qualifications.
 Previous studies may apply in the RPL process. Further information is in our Course Guide Policies and Procedures regarding our process and evidence required.

RPL (Recognition of Prior Learning)
 If you wish to apply for Recognition of Prior Learning (RPL) for any units of competency/qualifications, please contact the College for the necessary forms. RPL applications are to be lodged at least 28 days prior to classes commencing for the qualification you are enrolling in, fees and charges apply. Once a qualification/module has commenced, RPL will NOT be considered.

HOW DID YOU HEAR ABOUT THE COLLEGE?
 WEBSITE PHONE BOOK NEWSPAPER FRIEND IHC STUDENT OTHER
(PLEASE SPECIFY)

YOU WILL ONLY NEED TO COMPLETE THE FOLLOWING ONCE DURING YOUR STUDY AT ISLAND HEALTH COLLEGE.

1. Personal information is collected from you for the purpose of obtaining and verifying student related details. it is used by the Department of Education for the planning, provision and reporting of educations and vocations training programs as authorised by the *Education Act 1994* and the *Skilling Australia’s Workforce Act 2005* and related State and commonwealth Acts and Regulations.
2. Your personal information will be used for the primary purpose for which it is collected, and will be disclosed to the National Centre for Vocational Education Research (NCVER), government and other authorised agencies for the purposes stated above.
3. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to Principle.

LANGUAGE AND CULTURAL DIVERSITY			
Are you of aboriginal or Torres Strait Island origin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes aboriginal	<input type="checkbox"/> yes Torres Strait Islander
Were you born in Australia?	<input type="checkbox"/> yes	<input type="checkbox"/> if not, please specify?	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only (go to disability section		<input type="checkbox"/> yes, other please specify
How well do you speak English?	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well
Our awareness of your preferred learning style/s helps us with assessment strategies.			
Are you able to integrate, understand written and oral instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	If you answered No, please specify:
Are you able to understand, use & evaluate numerical information and concepts	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	If you answered No, please specify:
There are various preferred ways of learning, you may find you use a combination of the following. Which do you feel your preferred way of learning is:			
Visual – use of picture and images	<input type="checkbox"/>		
Kinesthetic – sense of touch	<input type="checkbox"/>		
Auditory – you prefer using sound	<input type="checkbox"/>		
Verbal – you prefer using words both in speech and writing	<input type="checkbox"/>		
You may be requested to undertake a Language Literacy and Numeracy (LNN) evaluation and subsequently be requested to enrol in concurrent training in LNN with an organisation to assist you to complete your qualification with Island Health College.			

Student Name:

DISABILITY	
Do you consider that you have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify: (e.g. physical, intellectual, visual, hearing, mental, acquired brain impairment -	

EDUCATION AND PRIOR ACHIEVEMENT	
What is your highest <u>completed</u> school level?	In what year did you complete that school level?
<input type="checkbox"/> completed year 12	<input type="checkbox"/> completed year 11 <input type="checkbox"/> completed year 10
<input type="checkbox"/> completed year 9 or equivalent	<input type="checkbox"/>
At which school/college did you complete this level?	
Have you successfully completed any of the following qualifications? If yes please tick any of the applicable boxes	
<input type="checkbox"/> bachelor degree or higher degree	<input type="checkbox"/> certificate III (or trade Cert)
<input type="checkbox"/> advanced diploma or associate degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> diploma or associate diploma	<input type="checkbox"/> Certificate 1
<input type="checkbox"/> certificate IV (or advanced certificate / Technician)	<input type="checkbox"/> Certificates other than the above.
Please specify:	

EMPLOYMENT	
Of the following categories, which best describes your current employment status? (tick one box only)	
<input type="checkbox"/> Full time employee	<input type="checkbox"/> employer
<input type="checkbox"/> Part time employee	<input type="checkbox"/> employed – unpaid worker in a family
<input type="checkbox"/> self employed – not employing others	<input type="checkbox"/> unemployed

REASON FOR STUDY	
Of the following categories, which best describes your main reason for undertaking this course. (tick one box only)	
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> to get a job
<input type="checkbox"/> to start my own business	<input type="checkbox"/> to train for a different career
<input type="checkbox"/> to develop my existing business	<input type="checkbox"/> it was a requirement of my job
<input type="checkbox"/> to get a better job or promotion	<input type="checkbox"/> to get into another course of study
<input type="checkbox"/> for personal interest or self development	<input type="checkbox"/> other reasons

PAYMENT OPTIONS	
ARE YOUR FEES BEING PAID BY :	METHOD OF PAYMENT:
<input type="checkbox"/> SELF	<input type="checkbox"/> CASH, CHEQUE
<input type="checkbox"/> OTHER – (IF OTHER PLEASE SPECIFY NAME ADDRESS AND CONTACT DETAILS).	<input type="checkbox"/> DIRECT DEPOSIT

EVIDENCE OF IDENTITY
If necessary, for proof of identity, you may be required to provide us with evidence of identification. This documentation may include E.g. birth certificate, Australian passport, Australian drivers licence, Medicare card.

Student Name:**UNIQUE STUDENT IDENTIFIER. (PLEASE REFER ATTACHED FOR FURTHER INFORMATION)****PERMISSION FOR ASSISTANCE IN APPLYING FOR UNIQUE STUDENT IDENTIFIER (USI)**

The Student Identifiers Act 2014 was passed and proclaimed on the 27 June 2014. From **1 January 2015** students undertaking nationally recognised VET courses will need to have a USI to receive their qualification or statement of attainment. This USI will stay with the student for life and be recorded with any nationally recognised VET course that is undertaken from when the USI comes into effect.

- I will apply for my USI and provide to the College. I am aware that my USI is required before a qualification can be issued.
- I give permission for Island Health College personnel to assist me in applying for a USI on my behalf.

PRIVACY DECLARATION

Under the Personal Information Protection Act 2004 Island Health College & Personnel are the custodians of personal information and subject to the requirements of the Act in regard to the collection, use and disclosure of personal information.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I understand that information contained in these forms may be provided to relevant Island Health College & Personnel staff and to the State and Commonwealth agencies for training purposes. |
| <input type="checkbox"/> | I give permission to receive by email or post marketing information on further training that may be of interest to me. |

PAYMENT OF FEES, PAYMENT PLAN: Further details on fees is in the Course Guide.

- ~ An enrolment charge of \$150.00 is applicable upon submission of enrolment form, this is a once off.
- ~ Fees for each module can be found on the timetable
- ~ Enrolments for full time study require a deposit of \$1,500.00 prior to units/modules of the qualification commencing.
- ~ For study of an individual module, full payment prior to module/unit commencement is required, unless 'payment plan' has been submitted.
- ~ For a cluster of modules costing over \$1500.00, 50 % is payable prior to commence, 'payments plans' are then available for the balance.
- ~ Defaulting on one (1) instalment of the agreed 'payment plan' will result in the plan becoming defunct and the College will require full payment of all monies owed plus a **20%** charge will be incurred. Non-compliance may result in withdrawal from study.

