

* 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		<h2>Diploma of Reflexology</h2> <h3>HLT52515</h3> <p><i>IHC modules</i></p>
C	Anatomy & Physiology 1 & 2 HLTAAP003 – Analyse and respond to client health information HLTREF003 – Perform reflexology health assessment	
C or W	Business Administration 1 CHCLEG003 – Manage legal and ethical compliances CHCCOM006 – Establish and manage client relationships CHCDIV001 – Work with diverse people CHCPRP003 – Reflect and improve own professional practice BSBSMB404 – Undertake small business planning	
C	Business Administration 2 BSBSMB403 – Market the small business CHCPRP005 – Engage with health professionals and the health system CHCPRP002 – Collaborate in professional practice BSBSMB406 – Manage small business finances	
C & W	Workplace Health & Safety & Infection Control HLTWHS004 – Manage work health and safety HLTINF004 – Manage the control of infection	
C	Reflexology 1 HLTREF002 – Provide reflexology for relaxation	
C	Reflexology 2 HLTREF001 – Develop reflexology practice HLTREF003 – Perform reflexology health assessment HLTREF004 - Provide therapeutic reflexology treatments HLTREF005 – Adapt reflexology treatments to meet specific needs HLTREF006 – Monitor and evaluate reflexology treatments CHCCCS001 – Address the needs of people with chronic disease	
C	Nutrition HLTHPS010 - Interpret and use information about nutrition and diet	
	HLTAID003 – Provide first Aid. To be completed off site with another provider.	
	Clinical Practice RefCI 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:			

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 three (3) weeks prior to course/module commencing, fees and charges apply. Once a course/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 Policies and Procedures.

- ~ 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.

ISLAND HEALTH COLLEGE STUDENT DECLARATION:	
	<p>*, I (NAME) UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING:</p>
*	<p><input type="checkbox"/> I certify that I have read, understood and agree to comply with the Island Health College Course Guide Policies & Procedures</p> <p style="margin-left: 20px;">• Please state which version number of the Course Guide you have read. (this can be found at the bottom of the Course Guide page)</p> <p>Version Number</p>
*	<p><input type="checkbox"/> I am aware there will be a cost associated where non-attendance at class during a practical assessment outside of the defined teaching period for a module/unit. Refer 'course guide' - 'If a student fails to attend for any reason or is deemed Not Satisfactory (NYS)/Not yet competent (NYC) in a practical assessment this will count as an attempt and will result in a grade of NYS for that attempt. Learners will be permitted to re-sit the practical assessment during the defined teaching period for the module/unit being assessed. A student is permitted a total of two (2) re-sits for a practical assessment within the defined teaching period for the module/unit.</p> <p>Further assessment after the teaching period for the unit/module has ended will incur a cost of \$150.00 per assessment hour of part thereof. This is in addition to the cost the scheduled unit/module. An invoice will be issued and does not form part of the 'payment plan.'</p> <p>If further training is required, by a trainer/assessor to enable a student to gain 'competency' in an assessment of a test/quiz/workbook, a charge of \$50.00 per hour will apply after all student support has been exhausted. (This is after two (2) failed assessment submissions.)</p>
*	<p><input type="checkbox"/> The commencement of all qualifications/modules/units is subject to sufficient student enrolments</p>
*	<p><input type="checkbox"/> Payments for qualifications/modules/units enrolled in will be made by the due dates, and I understand that once a module has commenced, I am liable to pay the total cost of that qualification/module whether it is completed or not.</p>
*	<p><input type="checkbox"/> I agree that at no time and under no circumstances will the Island Health College, or anyone connected with the College, accept responsibility in respect to any property loss or personal injury resulting from any past or current medical condition or otherwise that I may sustain whilst participating in my course or attending the College howsoever caused. I also agree that course information is given as advice and instruction and therefore I take full responsibility whilst carrying out consultations and / or treatments whether the said directions were followed or not.</p>
*	<p><input type="checkbox"/> The College endeavours to maintain fee structure throughout your study as at the time of enrolment, but I am aware that the College reserves the right to apply fee increased if deemed necessary. The College ensures you are made aware of any fee increase. This means informing students through email, and posting information on our website and on the 'students notice board'. It is the students responsibility to ensure they regularly check their emails and the students notice board and have the current timetable which reflects and changes to dates, times and pricing.</p>
*	<p><input type="checkbox"/> I give permission for Island Health College to use photo/s, videos, taken in the course of my association with the College on any advertising and promotional material . Yes <input type="checkbox"/> No <input type="checkbox"/></p>
*	<p><input type="checkbox"/> I give permission for my mobile phone number to be given to other students for rostering purposes in the supervised student clinical practice.</p>
*	<p><input type="checkbox"/> I understand that training will be conducted on site at 300 Argyle Street, North Hobart. This includes weekdays (C), weekends (CWE), completion of some workbooks (W) for assessment. The College is involved in various community events which are offsite.</p>
*	<p><input type="checkbox"/> I do not require assistance with language, literacy and numeracy</p>
*	<p><input type="checkbox"/> I certify that my USI number provided to the College is correct.</p>
*	<p><input type="checkbox"/> I certify that all details provided on this form by me are true and correct.</p>

*** SIGNATURE OF STUDENT:**

*** DATE:**

THANK YOU FOR ENROLLING WITH ISLAND HEALTH COLLEGE, WE WILL ENJOY WORKING WITH YOU ON YOUR JOURNEY