

ENROLMENT FORM 2017 - Introduction to Massage / Reflexology

300 ARGYLE ST NORTH HOBART 7000

PH 6236 9011

admin@islandhealthcollege.com.au

Please note, those questions with * are compulsory to complete.

* 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:
Name and address of person accepting responsibility for payment if other than yourself (please note we require signature of this person)	
Name:	
Address:	
*Signature:	
*Emergency/Next of Kin Contact Details *Name:	* Phone:
*Have you previously enrolled with the Island Health College	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify: (the course studied)-	

Please tick which course(s) you wish to attend	Course Name	Description
	Introduction to Reflexology \$295.00 11 & 12 November 2017 9.30pm to 4.30pm	Works mainly on the feet and hands to bring about a return of balance in the body. Helpful in stress reduction, improving digestive function and blood circulation, stimulates the body's immune system, improves quality of sleep. Non-invasive – wonderful for the elderly and infirm. Duration of this course is 12 hours.
	Introduction to Massage \$295.00 2 & 3 December 2017 9.30pm to 4.30pm	Introductory course to the powerful healing ability of TOUCH through massage. The benefits of massage can be useful to a broad spectrum of individuals including the elderly, those suffering from musculoskeletal injuries and those with chronic inflammatory disease. Learn the basic concept of massage including draping, posture, hygiene and various techniques. Duration of this course is 12 hours.

Continue training and enrol in the HLT42015 Certificate IV in Massage Therapy, HLT52015 Diploma of Remedial Massage, HLT52515 Diploma of Reflexology, (nationally recognised qualifications) in the following year, and we will deduct your Introductory course fees from your training fees.

OFFICE USE ONLY (PLEASE INITIAL AS COMPLETING)			
Student ID No.	Introductory Course Fee paid	Confirmation course commencement	Copy of enrolment form given
Entered to MYOB	Entered to VETtrak	USI	

ISLAND HEALTH COLLEGE

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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? No Yes aboriginal yes Torres Strait Islander
Were you born in Australia? yes if not, please specify?
Do you speak a language other than English at home? No, English only (go to disability section yes, other please specify
How well do you speak English? very well well 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 Yes No. If you answered No, please specify:
Are you able to understand, use & evaluate numerical information and concepts Yes 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.

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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, EFTPOS, CREDIT CARD
<input type="checkbox"/> OTHER –	(PLEASE NOTE THAT CREDIT CARD TRANSACTIONS INCUR 1.5% SURCHARGE)
(IF OTHER PLEASE SPECIFY NAME ADDRESS AND CONTACT DETAILS ON PAGE 1).	<input type="checkbox"/> DIRECT DEPOSIT

ISLAND HEALTH COLLEGE

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Student Name:

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.

UNIQUE STUDENT IDENTIFIER. (PLEASE REFER ATTACHED FOR FURTHER INFORMATION)

PERMISSION FOR ASSISTANCE IN APPLYING FOR UNIQUE STUDENT IDENTIFIER (USI)

****NOT APPLICABLE TO INTRODUCTORY COURSES****

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.

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.

I give permission to receive by email or post marketing information on further training that may be of interest to me.

PAYMENT OF FEES: Further details on fees is in the Course Guide Policies and Procedures.

~ Fees for each of these introductory courses can be paid in advance – 14 days prior to course commencement

ISLAND HEALTH COLLEGE STUDENT DECLARATION:

*, I (NAME)

UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING:

* I certify that I have read, understood and agree to comply with the Island Health College Course Guide Policies & Procedures

* The commencement of the introductory courses is subject to sufficient student enrolments

* 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.

* I understand that training will be conducted on site at 300 Argyle Street, North Hobart.

* I do not require assistance with language, literacy and numeracy

* I certify that my USI number provided to the College is correct.

* I certify that all details provided on this form by me are true and correct.

* SIGNATURE OF STUDENT:

* DATE:

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