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[admin@islandhealthcollege.com.au](mailto:admin@islandhealthcollege.com.au)

STAFF-IN-CONFIDENCE  
(When complete)

<b>Personal Details:</b> (Please choose by placing an X in the boxes that apply to you)										
<b>Title:</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>					
<b>Family Name:</b>					<b>Given Name:</b>					
<b>Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	<b>Date of Birth:</b>						
<b>Home Address:</b>	<i>(Please provide details of residential address – do not provide post office box number)</i>									
<b>Mailing Address:</b>	<i>(Complete this section only if your mailing address is different to your home address)</i>									
<b>Contact Details:</b>										
<b>Phone (Home)</b>				<b>Phone (Work)</b>						
<b>Mobile:</b>				<b>E-mail</b>						
<b>Emergency / Next of Kin Contact Details</b>										
<b>Name:</b>				<b>Phone:</b>						
<b>Evidence of your Identity</b>										
List at least one form of ID. This documentation may include E.g. birth certificate, Australian passport, Australian drivers licence, Medicare card.										
<b>Administration to sight ID</b>										
<b>ID Type</b>				<b>ID#</b>				<b>ID Sighted / Administration to sign:</b>		
<b>Do you hold a Visa</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Type</b>							
<b>Have you previously enrolled with the Island Health College</b>				Yes <input type="checkbox"/>	If yes please specify below			No <input type="checkbox"/>		
<b>Unique Student Identifier Number (USI):</b>										
From <b>1 January 2015</b> 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.										
Do you have a <b>USI Number</b> ? If yes, please provide the 10 digit number in the boxes below. If no, or don't know, tick box <input type="checkbox"/>										
In providing your USI, you confirm Island Health College is authorised to collect, use and disclose your student identifier for the purposes required under the Student Identifiers Act 2014. (Guided Pathways Pty Ltd trading as Island Health College)										

**ISLAND HEALTH COLLEGE**

C= Classroom based  
**CWE** = Classroom based weekend  
**DS** – Completion by assessment workbook from home. - (on campus attendance for some assessments may apply)

**Certificate IV in Massage Therapy**  
**HLT42015**  
*IHC modules*

	C & DS	<b>Anatomy &amp; Physiology 1</b> HLTAAP003 – Analyse and respond to client health information HLTMSG002 – Assess client massage needs
	C or CWE	<b>Massage 1</b> HLTMSG002 – Assess client massage needs HLTMSG004 – Provide massage treatments
	C or DS or CWE	<b>Musculoskeletal</b> HLTAAP002 – Confirm physical health status HLTMSG002 – Assess client massage needs
	C or DS	<b>Workplace Health and Safety &amp; Infection Control</b> HLTWHS004 – Manage work health and safety HLTINF004 – Manage The control of infection
	C or DS	<b>Business Administration 1</b> 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 SBSMB404 – Undertake small business planning
	C	<b>Reflex 1</b> HLTREF002 – Provide reflexology for relaxation
	Off site	<b>HLTAID003</b> – Provide first Aid. To be completed off site with your chosen provider at own cost
		<b>Clinical Practice CP1</b> All of the above

**OFFICE USE ONLY (PLEASE INITIAL AS COMPLETING)**

Student ID No.	Enrolment fee receipt no	Deposit receipt no	Acknowledgment enrolment fee
Confirmation course commencement	Copy of enrolment form given	Entered to myob	Entered to VETtrak

**Please turn over and compete the remainder of this form**

Name:

<b>Recognised Prior Learning (RPL) Information</b>
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 or at <a href="http://www.training.gov.au">www.training.gov.au</a> The Island Health College accepts <b>credit</b> transfers from other RTO's / Colleges based on identified equivalence where evidence carries the Nationally Recognised training code from Training Packages under the VET sector. Previous studies may apply in the RPL process. Further information is on our website regarding our process and evidence required.
<b>To apply for RPL (Recognition of Prior Learning)</b>
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 <b>NOT</b> be considered.

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.  
**Further information is available on page 5.**

<b>LANGUAGE AND CULTURAL DIVERSITY</b>			
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 no, please specify?	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only	yes, other please specify	<input type="checkbox"/>
How well do you speak English?	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well
<b>PREFERRED LEARNING STYLE</b>			
<b>Our awareness of your preferred learning style/s helps us with assessment strategies.</b>			
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:			
<b>Visual</b> – use of picture and images	<input type="checkbox"/>		
<b>Kinesthetic</b> – sense of touch	<input type="checkbox"/>		
<b>Auditory</b> – you prefer using sound	<input type="checkbox"/>		
<b>Verbal</b> – 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.			
<b>DISABILITY</b> - Do you consider that you have a disability, impairment or long-term condition that may effect your participation in the course? Yes <input type="checkbox"/> (if you answered Yes, please specify and tick box below) No <input type="checkbox"/>			
Hearing/Deafness	Learning	Acquired Brain Impairment	
Physical	Mental Illness	Other (please specify)	
Intellectual	Medical Condition		
If you answered YES to the above question, do you require any assistance to participate in this qualification?			
No	<input type="checkbox"/>	Yes	<input type="checkbox"/> (if you answered yes we will arrange a meeting to discuss this with you)

Name:

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 9 or equivalent	<input type="checkbox"/> completed year 10
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	
Employer Details: Please enter your current employment information ( <b>where applicable</b> )	
<b>Employer Organisation Name:</b>	
<b>Employers street address, Suburb, State</b>	<b>Post Code</b>
<b>Contact details</b>	
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 business
<input type="checkbox"/> self employed – not employing others	<input type="checkbox"/> Not employed - seeking full time work
<input type="checkbox"/> self employed – employing others	<input type="checkbox"/> Not employed – not seeking employment
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

Name:

**PRIVACY DECLARATION**

As a government registered training organisation regulated by the Australian Skills Quality Authority, the Island Health College is required to collect, hold, use and disclose a wide range of personal and sensitive information of Students in nationally recognised training programs, and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). This information requirement is outlined in the National Vocational Education and Training Regulator Act 2011 and associated legislative instruments.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988, the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au))

Your personal information (including the personal information contained on this enrolment form and your training activity date) may be used or disclosed by Island Health College for statistical, regulatory and research purposes. These may include:

- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER
- Organisations conducting student surveys; and
- Researchers.

The Island Health College must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a Condition of Registration for all RTO’s under the National Vocational Education and Training Regulator Act 2011 that we identify individuals and their specific individual needs on commencement of services delivery, and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.

For information about how Island Health College collect, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to the Island Health College privacy policy which can be found within the Student Handbook.

This Privacy Policy contains information about how individuals may access and seek correction of the personal information held by us and how to complain about a breach of privacy, and how we will deal with such a complaint.

In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

**Applicant Declaration and Consent**

<input type="checkbox"/>	I declare that the information I have provided to the best of my knowledge is true and correct.
<input type="checkbox"/>	I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Declaration above.
<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 including NCVER as per the information details on NCVER’s website at <a href="http://www.ncver.edu.au">www.ncver.edu.au</a>

**SIGNATURE:**

**DATE:**

**(A separate signature is required for the privacy declaration)**

<input type="checkbox"/>	I certify that I have read, understood and agree to comply with the Island Health College Course Guide Policies & Procedures
<input type="checkbox"/>	<p>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 <b>practical assessment</b> 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 practical assessment after the teaching period for the unit/module has ended will incur a cost of <b>\$150.00</b> per assessment hour of part thereof. This is in addition to the cost the scheduled unit/module. An invoice will be issued and does <b>not</b> 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 <b>assessment</b> of a test/quiz/workbook, a charge of <b>\$50.00</b> per hour will apply after all student support has been exhausted. (This is after two (2) failed assessment submissions.)</p>
<input type="checkbox"/>	The commencement of all modules is subject to sufficient student enrolments
<input type="checkbox"/>	<p><b>FEES, PAYMENT PLAN:</b> Further details on fees is in the Course Guide Policies and Procedures.</p> <ul style="list-style-type: none"> <li>~ An enrolment charge of \$150.00 is applicable upon submission of enrolment form, this is a once off.</li> <li>~ Fees for each module can be found on the timetable</li> <li>~ Enrolments for full time study require a deposit of \$1,500.00 7 days prior to units/modules of the qualification commencing.</li> <li>~ For study of an individual module, full payment 7 days prior to module/unit commencement is required, unless 'payment plan' has been submitted.</li> <li>~ For a cluster of modules costing over \$1500.00, 50 % is payable prior to commencement, 'payments plans' are then available for the balance.</li> </ul> <p>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 <b>20%</b> charge will be incurred. Non-compliance may result in withdrawal from study.</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 <b>total cost</b> of that qualification/module whether I complete it or not.
<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.
<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.
<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"/>
<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.
<input type="checkbox"/>	I understand that training will be conducted on site at 300 Argyle Street, North Hobart. This includes weekdays ( C ), weekends (CWE), ( DS ) Distance Study. The College is involved in various community events which are offsite.
<input type="checkbox"/>	I <b>do not</b> require assistance with language, literacy and numeracy
<input type="checkbox"/>	I certify that my USI number provided to the College is correct and the Island Health College will verify my USI number.

<input type="checkbox"/>	I certify that all details provided on this form by me are true and correct.
<input type="checkbox"/>	I give permission to receive by email or post marketing information on further training that may be of interest to me
<b>PAYMENT DETAILS</b>	
Are your fees being paid by:	
<input type="checkbox"/>	Self
<input type="checkbox"/>	Other (Please specify name, address, contact details)

**SIGNATURE:**

**DATE:**

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