

300 ARGYLE ST NORTH HOBART 7000

PH 6236 9011

admin@islandhealthcollege.com.au

STAFF-IN-CONFIDENCE

(When complete)

Personal Details: *Please enter the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please write your name exactly as written in the identity document you choose to use.			
Title:	Given names:		Family Name (Surname):
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
			Date of Birth:
Address of your usual residence?	Business/property name:		Suburb, locality or town:
	Flat/unit details:		State/Territory:
	Street or lot number:		Postcode:
	Street name:		
Please provide the physical address where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.			
Postal Address: (Complete this section only if your postal address is different from your residential address)	Business/property name:		Street name:
	Flat/unit details:		Suburb, locality or town:
	Street or lot number:		State/Territory:
			Postcode:
Contact Information			
Phone (Home)		Phone (Work)	
Mobile:		E-mail	
Emergency / Next of Kin Contact Details:			
Name:	Relationship to you:		Emergency contact number:
Evidence of your Identity: List at least one form of ID. This documentation may include: birth certificate, Australian passport, Australian drivers licence, Medicare card.			
Administration to sight ID			
Do you hold a Visa	Yes <input type="checkbox"/>	What type?	No <input type="checkbox"/>
Have you previously enrolled with the Island Health College:	Yes <input type="checkbox"/>	If yes please specify below	No <input type="checkbox"/>
Details of previous enrolment:			

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

Please turn over and complete the remainder of this form

C= Classroom based CWE = Classroom based weekend DS – Completion by assessment workbook from home. - (on campus attendance for some assessments may apply)		<h2>Diploma of Remedial Massage</h2> <h3>HLT52015</h3> <p><i>IHC modules</i></p>
C & DS	Anatomy & Physiology 1	HLTAAP003 – Analyse and respond to client health information HLTMSG002 – Assess client massage needs
C or DS	Anatomy & Physiology 2	HLTAAP003 – Analyse and respond to client health information
C or CWE	Massage 1	HLTMSG002 – Assess client massage needs HLTMSG004 – Provide massage treatments
C or DS or CWE	Musculoskeletal	HLTAAP002 – Confirm physical health status HLTMSG002 – Assess client massage needs
C or DS	Workplace Health and Safety & Infection Control	HLTWS004 – Manage work health and safety HLTINF004 – Manage The control of infection
CWE	Remedial Techniques 1 – Deep Tissue, Trigger Point, MET/PNF	HLTMSG003 – Perform remedial massage musculoskeletal assessments HLTMSG005 - Provide remedial massage treatments HLTMSG008 – Monitor and evaluate remedial massage treatments
CWE	Remedial Techniques 2 – Sports, Lymphatic Drainage	HLTMSG005 - Provide remedial massage treatments HLTMSG006 – Adapt remedial massage practice to meet specific needs HLTMSG007 – Adapt remedial massage practice for athletes
CWE	Treatment Management 1	HLTMSG003 – Perform remedial massage musculoskeletal assessments HLTMSG005 - Provide remedial massage treatments HLTMSG008 – Monitor and evaluate remedial massage treatments HLTMSG006 – Adapt remedial massage practice to meet specific needs HLTMSG007 – Adapt remedial massage practice for athletes
CWE	Treatment Management 2	As above
C or DS	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
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	Reflex 1	HLTREF002 – Provide reflexology for relaxation
Off site		HLTAID003 – Provide first Aid. To be completed off site with your chosen provider
		Clinical Practice CP1 and CP2 All of the above

Unique Student Identifier Number (USI):

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. In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI) (if you already have one) in the boxes below. This is a 10 digit number

--	--	--	--	--	--	--	--	--	--

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)

Evidence of your identity:

List at **least one form** of ID. This documentation may include: Australian Drivers Licence number, Medicare Card number, Australian Birth Certificate details, Australian Passport number, Non-Australian Passport (with Australian Visa) – include Passport number and Country of issue.

Recognised Prior Learning (RPL) Information

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 www.training.gov.au
The Island Health College accepts **credit** 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.

To apply for 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.

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

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 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			
PREFERRED LEARNING STYLE			
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.			
DISABILITY - Do you consider that you have a disability, impairment or long-term condition that may effect your participation in the course?			
Please refer to the Disability supplement on the following page for an explanation of the following disabilities.			
Yes <input type="checkbox"/> (if you answered Yes, please specify and tick box below)		No <input type="checkbox"/>	
Hearing/Deafness	<input type="checkbox"/>	Learning	Acquired Brain Impairment
Physical	<input type="checkbox"/>	Mental Illness	Vision
Intellectual	<input type="checkbox"/>	Medical Condition	Other (please specify)
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)	

Disability Supplement

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in the self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.'

Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, or/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

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"/> year 8 or below
<input type="checkbox"/> completed year 10	<input type="checkbox"/> never attended school
Are you still enrolled in secondary or senior secondary education? Yes	<input type="checkbox"/> No
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 (where applicable)	
Employer Organisation Name:	
Employers street address, Suburb, State	Post Code
Contact details	
Of the following categories, which best describes your current employment status? (tick one box only)	
<input type="checkbox"/> Full time employee	<input type="checkbox"/> employed – unpaid worker in a family business
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Not employed - seeking full time work
<input type="checkbox"/> self employed – not employing others	<input type="checkbox"/> Not employed – seeking part time work
<input type="checkbox"/> self employed – employing others	<input type="checkbox"/> Not employed – not seeking employment
Occupation: which of the following classifications BEST describes your current or recent occupation? (tick one only) If unemployed go to the next question.	
Manager	Sales worker
Professionals	Machinery operatory and drivers
Technicians and Trade Workers	Labourers
Community and Personal Service Workers	Other
Clerical and Administrative Workers	
Which of the following classifications BEST describes the industry of your current or previous Employer? (Tick one only) if unemployed, go to the next question.	
Agriculture, Forestry and Fishing	Financial and Insurance Services
Mining	Rental, Hiring and Real Estate Services
Manufacturing	Professional, Scientific and Technical Services
Electircity, Gas, Water and Waste Services	Aministrative and Support Services
Construction	Public Administration and Safety
Wholesale Trade	Education and training
Retail Trade	Health Care and Social Assistance
Accommodation and feed Services	Arts and recreation Services
Transport, Postal and Warehousing	Other Services
Information Media and telecommunications	

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
<input type="checkbox"/> To get skills for community / voluntary work	

NAME:

PRIVACY STATEMENT AND STUDENT DECLARATION

Under the Data Provision Requirements 2012, Island Health College is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

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. Island Health College may disclose your personal information for these purposes to third parties, including:

- Employer – if you are enrolled in training paid by your employer;
- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER
- Organisations conducting student surveys; and
- Researchers.

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 Date Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au)

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

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 RTOs 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 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 collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Island Health College’s privacy policy which can be found on the web at www.islandhealthcollege.com.au

This Privacy Policy contains information about how individuals may access and seek correction of the personal information held by us.

Applicant/Student 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 www.ncver.edu.au

STUDENT 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 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 practical 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>
<input type="checkbox"/>	The commencement of all modules is subject to sufficient student enrolments
<input type="checkbox"/>	<p>FEES, PAYMENT PLAN: Further details on fees is in the Course Guide Policies and Procedures.</p> <ul style="list-style-type: none"> ~ 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 7 days prior to units/modules of the qualification commencing. ~ For study of an individual module, full payment 7 days prior to module/unit commencement is required, unless 'payment plan' has been arranged, ~ For a cluster of modules costing over \$1500.00, 50 % is payable prior to commencement, 'payments plans' are then available for the balance. <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 20% 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 total cost 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 do not 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 give permission to receive by email or post marketing information on further training that may be of interest to me

PAYMENT DETAILS

Are your fees being paid by:

Self Other (Please specify name, address, contact details)

STUDENT SIGNATURE:

DATE:

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