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| STEP 1 APPLICATION  COMPLETE THE FORM | FEES |
| 1. Complete this form 2. Send application form to [admissions@aihe.edu.au](mailto:admissions@aihe.edu.au) 3. Pay fees 4. You will be enrolled and sent information in relation to the course materials and all details. | Fees are payable before commencement.  State your name & Phone number on the transaction  Send a copy of the payment receipt with the completed application form and documents  Account name: AIHE  BSB: 062 438  Account no: 1023 1114 |
| Privacy statement:  The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.  If you have any questions regarding this form please call AIHE on 02 9099 4890 or email [admissions@aihe.edu.au](mailto:admissions@aihe.edu.au) | |

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| APPPLICATION |  |
| COURSE ENROLLED IN |  |
| APPLICATION DATE |  |
| USI NUMBER\*  If you have not yet obtained a USI you can apply for it directly [at http://www.usi.gov.au/create-your-USI/](http://www.usi.gov.au/create-your-USI/) on a computer or mobile device |  |

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| PERSONAL DETAILS | | | | |
| FAMILY NAME (SURNAME) |  | FIRST NAME |  | |
| DATE OF BIRTH |  | GENDER |  | |
| PHONE |  | MOBILE |  | |
| EMAIL |  | | | |
| RESIDENTIAL ADDRESS |  | STATE | | POSTCODE |
| POSTAL ADDRESS  (if different to above) |  | STATE | | POSTCODE |

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| LANGUAGE | | | | |
| ABORIGINAL OR TORRESS STRAIT ISLANDER? | Y/N | COUNTRY OF BIRTH | |  |
| LANGUAGE SPOKEN AT HOME |  | OTHER LANGUAGE  (Other than English) | |  |
| HOW WELL DO YOU SPEAK ENGLISH  If your degree was issued outside of Australia and was NOT delivered and assessed in English, you are required to provide a current IELTS Academic Overall Score 7 or higher | | Very well |  | |
| I speak English with friends but not at home |  | |
| I find it difficult to write in English |  | |

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| DISABILITY OR IMPAIRMENT- Please tick and explain if applicable below | | | | | | | |
| DO YOU HAVE A DISABILITY, IMPAIRMENT OR LEARNING DIFFICULTY (ie Maths, English, language, physical etc) | | | | | |  | Y/N |
| Acquired Brain impairment | | Hearing/deaf (11) | | Medical (give explanation of) | | | |
| Intellectual (13) | | Learning (14) | | Mental Illness (15) | | | |
| Physical (please describe) | | Vision | | Other (please specify) | | | |
| More information which might assist us in understanding | | | | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | | | |
| NAME |  | | RELATIONSHIP TO YOU | |  | | |
| PHONE |  | | ADDRESS | | | | |

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| EDUCATION LEVEL (specify details) | | |
| High school year (left) | Bachelor’s degree (008) | Postgraduate or higher (008) |
| Advanced Diploma or Associated Degree (410) | Diploma | Certificate IV |
| Certificate III | Certificate II | Certificate 1 |
| Other certificates which may apply in a health  related field – *NB; YOU MUST HAVE A* Valid HLTAID003 Provide first aid certificate or equivalent is required to be completed within 1 month of course commencement | | Health related experience (work) |

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| EMPLOYMENT (which best describes you) | |
| Employed | Permanent Part time |
| Casual | Unemployed |

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| FEES | | | | | | | | |
| *Are you fully aware that this is a FULL fee-paying course?* | | Y/N | | *Do you intend to apply for a payment plan if successful?* | | | | Y/N |
| *How do you intend to pay for your course?*  *(tick one)* | Full fees up front | | Pay per week | | Pay per term | Fee schedule | Part VSL/ Part fee | |

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| RPL | I wish to apply for Recognition of Prior Learning | Y/N |

**PRIVACY STATEMENT AND STUDENT *DECLARATION OF UNDERSTANDING* – MUST BE COMPLETED**

1. I declare that the information I have provided is true and correct.
2. I am aware of the consequences that may arise from providing false, misleading or incomplete information, I can withdraw or cancel my enrolment up to and including one month before commencement only. (after commencement of the course it may incur a fee if I have begun the course)
3. I understand that AIHE is required to submit data soured from this enrolment form to the national VET administrative collection as a regulatory reporting requirement.
4. The information contained on my enrolment form may be used by AIHE or the following third parties for administrative, regulatory and/or research purposes such as:

* School - if I am a school-based apprentice or trainee or VET in Schools student.
* Employer - if I am enrolled in training paid by my employer.
* Government departments and agencies and authorised VET related bodies.
* VET regulators & or VSL governing authorities.

1. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed [at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx](http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx)
2. I understand that I may receive a National Centre for Vocational Education Research (VCVER0 student survey)
3. I understand that I may be required to complete an annual survey to support AIHE
4. I understand I may be contacted by the regulatory body ASQA or need to fill in an AQTF form.
5. I understand my obligations to adhere to AIHE information and policies and procedures and understand that I may be expelled from the course if I do not adhere to these policies.
6. I declare that I have read all the Student Information Guide and understand that these and the policies may be updated and are available on the AIHE website <http://www.aihe.edu.au/policies-procedures--forms.html>

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| **I have read and understand all of obligations to this course and AIHE and understand that IF I am interviewed, I will be required to adhere to all policies and statements on** [**http://www.aihe.edu.au/policies-procedures--forms.html**](http://www.aihe.edu.au/policies-procedures--forms.html) | | |
| FULL NAME |  | |
| SIGNATURE |  | DATE |

OFFICE USE ONLY

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| REVIEWED DOCUMENTATION AS INDICATED | Y/N |
| ADDED TO VETTRAK | Y/N |
| DATE | Y/N |
| REQUIRE FURTHER PROOF OR INFORMATION | Y/N |
| OTHER |  |