

ENROLMENT FORM

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required.

All data is confidential and is not forwarded to any other party with the exception of the national statistical database to inform future federal funding in Vocational Training or the Victorian Registration and Qualifications Authority.

1 PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Family Name: _____

Given Names: _____

Residential Address: _____

State _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Email: _____ Date of Birth: _____ Sex: Male Female

Emergency/Next of Kin Contact Details: Name _____ Phone: _____

2 COURSE DETAILS

Name of course/qualification currently undertaking: _____

Date of enrolment: _____

3 LANGUAGE AND CULTURAL DIVERSITY *(Please tick)*

Are you of aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Were you born in Australia? 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 Not at all

4 DISABILITY *(Please tick)*

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

- | | | | | |
|--------------------------------|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 EDUCATION *(Please tick)*

What is your highest completed school level? In which 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"/> Completed year 8 or lower | <input type="checkbox"/> Did not go to school |

Are you still attending secondary school? Yes No

Have you completed any of the following qualifications?

- | | |
|--|--|
| <input type="checkbox"/> Yes <i>(please tick ANY applicable boxes)</i> | <input type="checkbox"/> No <i>(Go to the Employment section)</i> |
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above |

6 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"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

7 STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course/traineeship /apprenticeship? *(Tick ONE box only)*

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest | <input type="checkbox"/> For self-development |
| <input type="checkbox"/> Other reasons | |

8 PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON ANY AWARD GIVEN BY THE COLLEGE:

9 PLEASE INDICATE WHERE YOU HEARD ABOUT OUR COLLEGE:

- Yellow Pages Internet Passed by Expo *(please specify)* _____
- Word of Mouth *(please specify)* _____ Newspaper _____
- Magazine *(please specify)* _____ Other *(please specify)* _____

10 PLEASE ✓ ONE OR MORE OF THE FOLLOWING (circle deposit or full payment):

- I am paying a deposit/full amount in person via cash.
- I am paying a deposit/full amount by cheque or money order. Please allow 10 working days for clearance.
- I am paying a deposit/full amount by credit card. Please note we only accept Visa or MasterCard.
- I am paying a deposit/full amount direct deposit. Please email remittance form to college mail@nctm.com.au

Direct Deposit Details:
 Bank: ANZ
 Account Name: National College of Traditional Medicine
 BSB Number: 013 822
 Account No. 3487 804 31

- I will follow the standard payment plan as detailed on the course insert after paying my deposit by one of the methods above (please also tick one of the above).

11 CREDIT CARD AUTHORITY (if applicable)

Please charge my BANKCARD/VISA/MASTERCARD account

No

Name on card:

Expiry: Amount..... Signature

12 PASSPORT PHOTO Please note that a passport sized photo must accompany each enrolment form.

- I have attached a passport sized photo with this enrolment form.

13 STUDENT DECLARATION:

I enclose \$_____ being the deposit/full payment for _____ (Course title), commencing on _____ (course commencement date). I understand that the monies are non-refundable and understand that if due to financial, political or any other reason the College has to cease operating, the College's obligation will be limited to providing tuition for completing only the subject for which payment has been made in advance.

I acknowledge the unreserved right of the National College of Traditional Medicine to alter its course curriculum or fee structure as it sees fit. In addition, I understand that if I do not pay in full for the course then I must select standard or submit my own payment plan for approval, and that no enrolment will be accepted without choice and approval of payments. There is a 15% administration fee for Standard Payment Plans. Any default in a payment will incur an additional 10% surcharge.

I understand that should I defer, payments for the course will continue until all payments are completed. I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

I have read through the student handbook booklet explaining the process of credit transfer, RPL and complaints procedure:

SIGNED: _____ **DATED:** _____

RULES AND GENERAL CONDITIONS

To qualify for accreditation, a student must be able to fulfil the following obligations:

1. Demonstrate to the College that academic and technical skills have been obtained to a satisfactory degree, through examination and minimum 80% attendance. Students seeking exemption in certain subjects must do so by way of completing a Recognition of Prior Learning form prior to commencement of course including copies of Awards and details of examination results, course outline, and hours of relevant subjects for consideration by the Academic Review Committee. Cost per course is \$77.00(includes GST 10%).
2. Demonstrate that he or she will be a suitable member of the profession, through behaviour and manner.
3. Satisfy all academic, financial, and clinical obligations to the College.

The College states and/or requires that:

4. Please allow 10 working days from receipt of enrolment for welcome letter and/or course materials to be sent out to you.
5. Once in class courses have commenced or course materials sent out to a student studying by correspondence, then the course will be deemed as purchased. All monies paid for that course are non-refundable and all Ezy pay payments installments are to be honored. Please note that courses are only inter changeable at the discretion of the College CEO.
6. Deferment of the enrolled course may be allowed for a period of up to twelve (12) months from the date of course commencement. Enrolments from 1st July 2005 seeking a deferment will be charged a fee of \$25.00 (incl GST). A further twelve month extension after this date may be granted in certain circumstances. A further fee of \$55.00 (incl GST) will be charged. Requests for deferment must be received in writing by the College, stating the reasons for the deferment application and the effective date of deferment will be the date on which such written notification is received. Places in courses are subject to availability and student must book themselves into the course by calling the college. Payments can be made direct to the College using credit card, cash, money order or cheque, however, cheques must be received at the College 10 days prior to due date for clearance. Dishonoured cheques will incur a 10% late fee and an additional late payment fee of \$66.00 (includes GST).
7. All students are required to notify the college if they wish to defer from any course. Should more than twelve (12) months pass from the date of course commencement, and the student has not made any contact, submitted any assignments or notified the college in writing of their intention to defer and paid the deferment fee, then a re-enrolment fee of \$75.00 will be charged upon return. All instalments for course fees must continue even when deferred.
8. Students on payment plan will be charged an additional 10% plus GST for late payments.
9. Requests for examinations taken outside of scheduled times and venues must be approved and arranged through the National College of Traditional Medicine administration office.
10. Certificates and Diplomas will be ordered at half-yearly intervals and must be collected from the College unless otherwise arranged.
11. Students are strongly advised not to consult with the public until they have graduated, except under the guidance and supervision of a qualified practitioner.
12. The National College of Traditional Medicine, the College Board, lecturers, supervisors or staff will not be held liable in respect of any information, instruction or advice given to any student, ex-student or practitioner, whether directions given at any time or in any situation are followed or not. The courses are given as advice and instruction, and anyone carrying out treatment under these conditions must accept full responsibility for such consultation and/or treatment.

The College reserves the right to:

13. Make any changes at any time to policy, syllabus, lecturers, guidelines, schedules, costs, administration fees, seminars/tutorials, clinics, etc or any other provision contained in the prospectus or any brochure.
14. Cancel, postpone or consolidate any course should there be, in the opinion of the College, insufficient enrolments prior to the commencement of the course, Enrolled students will be notified, and fees will be credited towards a subsequent course or be refunded if requested in writing.
15. Charge interest on all overdue course fees and/or payment for products ordered at the daily percentage rate equivalent to the prime overdraft rate for the time being applied by Citibank plus GST (10%). This charge applies from 5 working days after due date of payment.
16. To automatically add student details to the College mail list unless otherwise requested by the student in writing not to do so. This request must be in writing.

Students are requested to contact the College before signing the enrolment form if clarification is required of any of the above.

I have read and I understand the Rules and General Conditions:

Signed.....Print Name

Dated