HOW TO APPLY TO AIHM

1. Read the information provided to you in the course prospectus and schedule of fees, then select the course, or courses, you are interested in studying.

2. If you need any further clarification or information, please contact AIHM either by phone on (08) 94173553 or by email at info@aihm.wa.edu.au to ensure you understand all of your commitments and requirements.

3. Complete the enclosed Application Form in your own handwriting and post it to AIHM, PO Box 3079, Success, WA, 6964, or deliver it by hand to our administration office at 862 North Lake Road, Cockburn Central, WA. Please ensure you enclose:
   - a signed AIHM Rules & Regulations document (Section H of this application form)
   - a Certified copy of your Birth Certificate
   - a Certified copy of the identification pages of your Australian passport
   - if you do not hold an Australian passport you will need to provide:
     - a certified copy of your Australian Citizenship Certificate or
     - your Permanent Residents visa in your passport
   - 2 character references (obtained from the head of a school, teacher, priest, doctor or your health professional, lawyer, responsible officer of a recognised volunteer organisation, head of your organisation/workplace)
   - Certified copies of any relevant educational certificates
   - 2 recent passport size photographs
   - Any other substantial evidence that will be helpful for your selection, including evidence to substantiate your claim for exemptions (if you are applying for any exemptions).

4. Following the receipt of your completed application form, we will contact you to inform you whether you have been successful in obtaining a place in your chosen course or you may be asked to attend an interview.

5. If you have been selected, a Letter of Offer will be posted to you together with a Letter of Acceptance.

6. Carefully read the Letter of Offer and if you are happy with the content then sign and return the Letter of Acceptance.

7. Upon receipt of your signed Letter of Acceptance we will forward details of your orientation session and your following term’s timetable (as soon as they are available).

8. If you are unsuccessful in your application, a letter will be issued to identify the reasons for the AIHM’s decision. If you are unhappy with the explanations you are invited to contact us to arrange a meeting to discuss the issues further.
INITIAL APPLICATION FORM

Please complete all sections of this application form in CAPITAL LETTERS using blue or black pen.

Name of the AIHM VET course you wish to apply for: __________________________________________________________

SECTION A: APPLICANTS PERSONAL INFORMATION
Title: ...........     Gender: M / F: ........     Date of Birth: ....../......../........     Surname Name: ...............................................................................................................................................................
Given Name/s: ........................................................................................................................................................................
Name you prefer to be called: ........................................................................................................................................
Email address (required): ........................................................................................................................................................
Mobile: ....................................................................................................................................................................................
Home: ....................................................................................................................................................................................
Work: ......................................................................................................................................................................................
Postal Address: ........................................................................................................................................................................
Residential Address during AIHM study time: ........................................................................................................................
Residential Address outside AIHM study time (if different from the above): ..............................................................................

CITIZENSHIP, ETHNICITY & LANGUAGE
Do you identify with either of the following groups? (tick both if applicable)
- Aboriginal YES □ NO □
- Torres Strait Islander YES □ NO □
Were you born in Australia? YES □ NO □
If NO, what is your country of birth: ................................................................................................................................
Which year did you arrive in Australia? ..........................................................................................................................
Have you received an Australian Citizenship Certificate? YES □ NO □
If YES a certified copy of the certificate must be provided with this application
Do you hold a permanent Humanitarian Visa YES □ NO □
Are you an Australian Permanent Resident or New Zealand Citizen? YES □ NO □
Is English your primary language spoken in the home? YES □ NO □
If NO please advise the language spoken at home ........................................................................................................
**A certified copy of one of the following must be provided with this application: Birth Certificate / Passport / Citizenship Certificate / Visa

DISABILITY / IMPAIRMENTS
Do you have any disability, special needs or current health problems? YES □ NO □
☐ HEARING RELATED ☐ VISION RELATED ☐ MOBILITY RELATED ☐ MEDICALLY RELATED ☐ LEARNING ABILITY RELATED
☐ OTHER (Please specify) ............................................................................................................................................................
Do you feel your disability / impairment could impact your ability to study? YES □ NO □
If YES please indicate below.

SECTION B: EMERGENCY CONTACT DETAILS
Contact 1
Surname: ........................................................................................................................................................................
Given Name: ........................................................................................................................................................................
Relationship to the applicant: ..............................................................................................................................................
Mobile: ....................................................................................................................................................................................
Home: ....................................................................................................................................................................................
Work: ......................................................................................................................................................................................
Postal Address: ........................................................................................................................................................................

1 PASSPORT PHOTOGRAPH TO BE ATTACHED HERE
Please enclose a 2nd passport photograph to be used for the student card.
SECTION C: EDUCATION HISTORY
What is your highest level of academic education you have completed? (eg: TEE, Year 10, Year 12) .................................................................
Have your previous studies included human biology? YES ☐ NO ☐
   If YES what level of qualification was this to? ...........................................
   What year did you COMPLETE these studies? .................................
Have your previous studies included chemistry? YES ☐ NO ☐
   If YES what level of qualification was this to? ...........................................
   What year did you COMPLETE these studies? .................................
**Please provide certified copies of any relevant qualification/trade/work certificates**
**If your education history does not include human biology or chemistry, or if it is more than 5 years since you completed relevant studies, or applied the knowledge in a practical setting then you may be required to complete a Bridging Course prior to enrolment. This can be discussed with an AIHM administration staff member.

SECTION D: EMPLOYMENT HISTORY
Are you currently employed? YES ☐ NO ☐
   If NO are you ☐ Looking for employment ☐ Not looking for employment
   If YES is it ☐ Full Time ☐ Part time ☐ Casual

Please give brief details of current employment: ...........................................................

Please give brief details of employment for the past 5 years: ...........................................................

SECTION E:
Do you smoke cigarettes or take any recreational drugs? YES ☐ NO ☐
   If YES please give details: ...........................................................................................
What are your hobbies and interests? ...........................................................................................

Do you have any experience / exposure to natural therapies? YES ☐ NO ☐
   If YES please give details: ...........................................................................................

Briefly state why you want to enrol in your chosen course (Your educational goals), what are your expectations?
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Briefly explain your understanding of the philosophy of Natural Medicine:

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SECTION F: ENROLMENT & PAYMENT OPTIONS

Select your preferred study option:

☐ JANUARY INTAKE  ☐ JULY INTAKE  ☐ APRIL INTAKE  ☐ OCTOBER INTAKE
☐ FULL TIME  ☐ PART TIME  ☐ FULL TIME  ☐ FULL TIME
☐ PART TIME  ☐ PART TIME  ☐ PART TIME

**January intake. Most of the lectures will be scheduled on Monday, Wednesday and Friday, depending on the course you enrol in, as well as online.

* July intake. Most of the lectures will be schedule on Saturdays, depending on the course you enrol in.

* April and October intake. Online intake only.

*** Please note that, intakes are subject to change depending on the interest registered.

The AIHM offers various payment options, please indicate here the option you feel you would be MOST LIKELY to use. This is only an indicator of your preference and does not commit you to that option. During the course of study you are able to choose/change your method of payment each term.

☐ VET FEE-HELP – A Request for VET FEE-HELP application form will be sent to you together with your Letter of Offer.

☐ PAYMENT IN CASH/CHEQUE DIRECT TO AIHM – Payment will be made in one payment prior to the commencement of the unit of study

☐ DIRECT DEBIT FORTNIGHTLY INSTALMENTS – All direct debit instalments must be completed prior to the census date for the unit of study

SECTION G: MARKETING RESEARCH

How did you hear about the AIHM as a natural therapies training provider? Please tick the appropriate boxes

☐ NOVA Magazine  ☐ Practitioner - please give details so we can thank them………………………………………………………………………………………………………..

☐ Google search on the internet  ☐ Internet search other than Google – please advise which search engine you used…………………………………………………………………………………..

☐ Attended AIHM Clinic  ☐ AIHM Student / Graduate - please give details so we can thank them………………………………………………………………………………………………………..

☐ Yellow Pages  ☐ Local Community Newspaper – please advise which local paper………………………………………………………………………………………………………..

☐ TV advertising  ☐ Radio advertising – please specific which station, if you can recall………………………………………………………………………………………………………..

☐ Any other (please specify) ……………………………………………………………………………………………………………………………………………………..
SECTION H: AIHM RULES AND REGULATIONS

1. Use of tobacco products, ingestion of alcohol and the taking of illegal drugs are not permitted on campus.

2. Students must be in attendance on campus for a minimum of 80% of lecture contact hours, except as otherwise approved by the Dean of Studies.

3. Unit fees are fully refundable where withdrawal occurs, in writing, prior to the unit of study commencement. Please refer to our Policy manual online at our website [www.aihm.wa.edu.au](http://www.aihm.wa.edu.au) under Resources and Helpful Links for the full policy wording.

4. The AIHM reserves the right to make any changes or alternations to the subjects, terms or methods of awarding Certificates, Diplomas and other qualifications should the need to do so arise. Such changes will be effected with the best interests of students in mind.

5. The AIHM reserves the right to impose limitations or expel any student for unethical or improper conduct.

6. The AIHM expects that all students will respect the dress code of the AIHM while on campus or in clinic and while representing the AIHM at any external functions.

7. NO advertising, promotional work or canvassing of any sort will be permitted within the premises without prior written approval from the Dean of Studies.

8. The Directors of the AIHM shall retain a discretion regarding the awarding of qualifications to any student having regard to the following factors:
   i) whether, in the opinion of the Directors of the AIHM (such opinion being based on information gathered by AIHM staff), academic and technical skills have been obtained to a satisfactory degree;
   ii) whether, in the opinion of the Directors of the AIHM, (such opinion being based on the attributes of a student in terms of behaviour and character), a student would be a suitable member of the profession;
   iii) whether all academic, administrative and financial obligations of the student to the AIHM have been fully satisfied.

9. Course fees are subject to change, with all fee increases being notified 12 weeks in advance.

10. It is compulsory for all students to participate in annual events organised by the AIHM to promote natural therapies and to educate the general public about the benefits of natural therapies, such as the AIHM’s Natural Medicine Awareness Day and other health promotion exhibitions.

11. Student participation in Meditation/Yoga/Tai Chi sessions at the AIHM - that have been introduced with the intention of assisting students apply the fundamentals of natural therapies in their own lives - is compulsory.

12. Personal information will not be released to any third party without your written permission, except where any information is requested by Centrelink, or any other external agency, to verify or support payments of Austudy, Abstudy or VET FEE-HELP

ACKNOWLEDGEMENT

_I confirm that I have read and understood this document, in conjunction with the AIHM Policy Manual and that the terms and conditions of this offer have been fully explained to me_

Name:________________________________________________________________________

Signature:_______________________________________________________________________

Date:__________________________________________________________________________
SECTION I: DECLARATION BY THE APPLICANT

I certify that the information on this form and the supporting documents provided are correct and complete. I have read, understood and signed the AIHM Rules and Regulations document and am lodging it together with this application form. I have accessed, read and understood the AIHM policies, including the refund, withdrawal and grievance policies, on the AIHM website at www.aihm.wa.edu.au

I authorise the AIHM to confirm any information provided in this application relating to my prior academic record and any other supporting documentation.

I acknowledge the provision of incorrect information or documentation relating to my application may result in cancellation of my enrolment.

I understand that if I apply now, or at a future time choose to apply, for VET FEE-HELP that:

- the AIHM will use some of the information collected on this form for the purpose of assessing my entitlement to Commonwealth Assistance under the Higher Education Support Act (HESA) 2003 and the allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me.
- the AIHM will disclose this information to the Department of Employment Education and Workplace Relations (DEEWR) for those purposes.
- DEEWR will store the information securely in the Higher Education Information Management System (HEIMS).
- DEEWR may disclose the information to the Australian Tax Office (ATO).

Please ensure the following documents are submitted with this application form:

- 2 recent passport size photographs (one for the applicant's student file and one for the student card)
- a signed AIHM Rules & Regulations document (Section H of this application form)
- a Certified copy of your Birth Certificate
- a Certified copy of the identification pages of your Australian passport
  - if you do not hold an Australian passport you will need to provide:
    - a certified copy of your Australian Citizenship Certificate or
    - your Permanent Residents visa in your passport
- 2 character references (obtained from the head of a school, teacher, priest, doctor or your health professional, lawyer, responsible officer of a recognised volunteer organisation, head of your organisation/workplace)
- Certified copies of any relevant educational certificates
- Any other substantial evidence that will be helpful for your selection, including evidence to substantiate your claim for exemptions (if you are applying for any exemptions)

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Applicant's Signature

If the applicant is under 18 the signature of a parent or guardian is required

......................................................................................................................   ........................................
Name of Parent or Guardian

......................................................................................................................
Signature of parent or guardian
Official Use only

Interview required:
- [ ] No
- [ ] Yes
  Interview arranged for ...........................................................................................
  Date & Time

Bridging Course Required:
- [ ] Yes
- [ ] No
- [ ] A&P only (exclude Intro to Chemistry classes)
- [ ] Chemistry only (exclude A&P classes)

Letter of offer to be sent:
- [ ] Yes
- [ ] No
  If NO reasons given: ...............................................................................................  

- [ ] Hold for following items......................................................................................

Enrol:
- [ ] January intake
- [ ] July intake
- [ ] April intake
- [ ] October intake

Starting Date: ................................................ Student Number:..............................................

Additional Notes