

1 PASSPORT PHOTOGRAPH TO BE ATTACHED HERE

Please enclose a 2nd passport photograph to be used for the student card.

INITIAL APPLICATION FORM

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

Name of the AIHM 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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Torres Strait Islander	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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 **If YES please indicate below.**

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 arrange a meeting with either the Registrar or Dean of Studies to discuss any special needs or support you feel you may require.**

SECTION B: EMERGENCY CONTACT DETAILS

Contact 1 Surname: Given Name:

Relationship to the applicant:

☎ Mobile: ☎ Home: ☎ Work:

Postal Address:

SECTION C: HIGHEST LEVEL OF QUALIFICATION AND EMPLOYMENT

What is your highest COMPLETED school level?

- Year 12 or equivalent Year 11 or Equivalent Year 10 or Equivalent
- Year 9 or Equivalent year 8 or Below Never Attended School

In which YEAR did you complete that school level - _____

Are you STILL attending secondary school? Yes No

Have you SUCCESSFULLY completed any of the following Qualification?

- Bachelor Degree or Higher Advanced Dip or Associate degree Diploma or Associate diploma
- Certificate IV Certificate III or Trade certificate certificate II
- Certificate I Certificates other than the above Not completed any qualification

Of the following categories, which BEST describes your current employment status?

- Full time Employee Part Time Employee Self Employed - Not employing others Employer
- Employed - Unpaid worker in Family Business Unemployed - Seeking Full time worker
- Unemployed - Seeking part time work Not employed - Not seeking employment

Of the following categories, which best describes your main reason for undertaking this course?

- To get a job To develop existing business To start my own business
- To try for a different career To get a better job/promotion I wanted extra skills for my job
- Personal Reason Self development To get in to another course of study
- Other Reason

SECTION D:

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 aged care? 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 state your expectations of the AIHM as your education provider:

SECTION E: ENROLMENT & PAYMENT OPTIONS

Select your preferred study option: JANUARY Intake APRIL INTAKE JULY Intake OCTOBER Intake

*** 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.

- Upfront Cash Bank Transfer Credit/Debit card
 Installments Bank Transfer Credit/Debit card

SECTION F: MARKETING RESEARCH

How did you hear about the AIHM as a aged care training provider? *Please tick the appropriate boxes*

- | | |
|---|--|
| <input type="checkbox"/> NOVA Magazine | <input type="checkbox"/> Practitioner - please give details so we can thank them..... |
| <input type="checkbox"/> Google search on the internet | <input type="checkbox"/> Internet search other than Google – please advise which search engine you used..... |
| <input type="checkbox"/> Attended AIHM Clinic | <input type="checkbox"/> AIHM Student / Graduate - please give details so we can thank them..... |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Local Community Newspaper – please advise which local paper..... |
| <input type="checkbox"/> TV advertising | <input type="checkbox"/> Radio advertising – please specific which station, if you can recall |
| <input type="checkbox"/> Any other (please specify) | |



australian institute of holistic medicine

SECTION G: AIHM RULES AND REGULATIONS

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

Course fees are fully refundable where withdrawal occurs, in writing, prior to the course commencement. Please refer to our Policy manual online at our website www.aihm.wa.edu.au under Resources and Helpful Links for the full policy wording.

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.

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

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

The Directors of the AIHM shall retain a discretion regarding the awarding of qualifications to any student having regard to the following factors:

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;

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;

whether all academic, administrative and financial obligations of the student to the AIHM have been fully satisfied.

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

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.

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 H: 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.

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) – No more than 6 months old
- 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
 - Certified copies of any relevant educational certificates
 - a valid national police clearance certificate.

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

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Date

.....
Name of Parent or Guardian

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Date

.....
Signature of parent or guardian

****AIHM Guarantee** – Once a student commences study in his/her chosen course, AIHM will guarantee to complete the training and assessment related to that course. AIHM will further negotiate with students regarding the timing for completion for those who are unable to complete due to illness or extenuating circumstances.

Official Use only

Interview required:

No

Yes

Interview arranged for

Date & Time

Letter of offer to be sent:

Yes

No

If NO reasons given:

Hold for following items.....

Enrol:

March intake

Starting Date:

Student Number:.....

Additional Notes