

# 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](mailto: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  **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: 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 and/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?





australian institute of holistic medicine

## SECTION H: 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.

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.

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.

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.

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.

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](http://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)  
I am aware that AIHM subjects are mapped against training package units and in order to be able to receive training package competency, I will have to complete one or more than one AIHM subjects and possibly clinic.

**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)

.....  
**Applicant's Signature**  
*If the applicant is under 18 the signature of a parent or guardian is required*

.....  
**Date**

.....  
Name of Parent or Guardian

.....  
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*

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**