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| Instructions | Fee |
| 1. Complete this form
2. Pay application fee
3. Send application form with accompanying documents outlined in checklist and to info@aihe.edu.au
 | There is a $50 administration fee with your application which must be paid with this application for enrolment before sending documents. State your name & Phone number on the transactionSend 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 1300 656 036 or email us: info@aihe.edu.au |

Place

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| APPPLICATION  |
| APPLICATION DATE |  | PREFERRED COURSE START DATE  | Month | Year |
| 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 |  | LICENCE NO |  |
| Are you applying for this course as a pre-requisite for the 1680NAT Graduate Diploma in Medical Ultrasound? | YESNO |

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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 ENGLISHYou are required to provide a reasonable level of English for this qualification and will need to provide an IELTS Certificate if English is your second language.  | 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 difficulty in learning |
| EMERGENCY CONTACT INFORMATION |
| NAME  |  | RELATIONSHIP TO YOU |  |
| PHONE |  | ADDRESS |

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| PREVIOUS 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) – You will need work placement for 80 hours for this course. It is your responsibility to have this organised before starting the course where possible. Call us if this is not possible. |
| Employed | Permanent Part time |
| Casual | Unemployed |
| WORK PLACEMENT I CAN ATTEND FOR THE COURSE Name of organisationContact  | AddressPhone |
| RPL | Do you wish to apply for Recognition of Prior Learning | YesNoPlease send me more information |

# CHECKLIST

Make sure you have all of the following documents attached to this form.

NOTE:

Documents 6-10 can be supplied post interview in the event you are offered a place in the course and do not currently have them.

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| USI |  |
| Application Fee paidAccount name: AIHEBSB: 062 438Account no: 1023 1114 |  |
| Privacy statement and declaration of adherence to policies These can be found at <http://www.aihe.edu.au/policies-procedures--forms.html> |  |

**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, including the cancellation of my enrolment or the withdrawal of any offer made by the Australian Institute of Healthcare Education (AIHE).
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 |  |