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| Instructions | Fee |
| 1. Complete this form
2. Save all documents as pdf -you may need to send separate emails If the file is larger than 10Mb you will need to send in 2 or more emails 1of 2, 2of 2 etc – All documents must have your name in the header
3. Pay application fee
4. Send application form with accompanying documents outlined in checklist and to info@aihe.edu.au

Not all applicants will be interviewedNot all interviewees will gain a place in the courseAll applicants will be notified within 28 days after interviews | There is a $200 administration fee with your application which must be paid before sending documents. State your name & Phone number on the transactionSend a copy of the payment receipt with the completed application form and documentsAccount name: AIHEBSB: 062 438Account 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 INTAKE(tick month / year) | Jan July | 2020202120222023 |
| 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 |  | CHESSN NO (IF YOU HAVE ONE) |  | TAX FILE NUMBER(FOR VSL APPLICATIONS) |  |

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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 ENGLISHIf your degree was issued outside of Australia and was NOT delivered and assessed in English, you are required to provide a current IELTS Academic Overall Score 7 or higher | 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 |
| EMERGENCY CONTACT INFORMATION |
| NAME  |  | RELATIONSHIP TO YOU |  |
| PHONE |  | ADDRESS |

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| 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) |
| Employed | Permanent Part time |
| Casual | Unemployed |

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| CITIZENSHIP (you will need proof of residency and citizenship) |
| PASSPORT NUMBER |  | Proof attached? | LICENCE NUMBER |  | Proof attached? |
| VISA |  | Proof attached? | HUMANITARIAN VISA |  | Proof attached? |

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| REASON FOR STUDY | TICK | VET STUDENT LOAN |  |
| 1 | To get a job |  | Are you applying for a Vet Student Loan? | Y/N |
| 02 | To develop my existing business |  | Have you reviewed all information required on <http://www.aihe.edu.au/vet-student-loans.html>  | Y/N |
| 03 | To start my own business |  | Have you attached all proof of information to support an application for VSL? | Y/N |
| 04 | To try for a different career |  | Are you aware that VSL attracts 20% interest in addition to repaying the fee? | Y/N |
| 05 | To get a better job or promotion |  | Are you aware of how much the VSL is for? | Y/N |
| 06 | It was a requirement of my job |  | Are you aware that if you have a previous HECS debt, the total HEC debt cannot be more than $84,000 as the VSL debt will increase this to the limit of $100,000 | Y/N |
| 07 | I wanted extra skills for my job |  | Have you included:(all evidence for VSL must be certified) |
| 08 | To get into another course of study |  | Proof of citizenship | Y/N |
| 11 | Other reasons |  | Tax File No | Y/N |
| 12 | For personal interest or self-development |  | CHESSN (if you have one) |  |

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| FEES |
| *Are you fully aware that this is a FULL fee-paying course? ($42,000) + ($2100) uniform and textbooks*  | Y/N | *Do you intend to apply for a payment plan if successful?* | Y/N |
| *How do you intend to pay for your course?**(tick one)* | Full fees up front | Pay per week | Pay per term | Fee schedule | Part VSL/ Part fee |

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| RPL | I wish to apply for Recognition of Prior Learning |  |

# 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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| DOCUMENT | DOCUMENT NAME | ATTACHED | Office onlyVIEWED VETTRAK |
| 1. Application document & declaration *(this doc signed and checked)*
 | Surname\_First name \_Application & declaration |  |  |
| 1. Current Curriculum Vitae (Resume)
 | Surname\_First name\_CV |  |  |
| 1. One page essay “My motivation to become a Sonographer is”
 | Surname\_First name\_Essay |  |  |
| 1. Certified copy of:
* Australian passport or
* license or
* Birth Certificate; or
* Government issued PR status

*AIHE is unable to accept overseas/international applicants for this course)*  | Surname\_First name\_Citizenship Proof |  |  |
| 1. Certified copy of qualifications (certificates & testamurs)
 | Surname\_First name\_Qualifications |  |  |

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| OTHER SUPPORTING DOCUMENTS*\*If not supplied please state when this will be completed. (It must be completed prior to course commencement)* | ATTACHED | Office onlyVIEWEDFILEDVETTRAK |
| Certified copy of HLTAID003 Provide first aid certificate1. \*

*(or must be completed within one month of commencement)* | Surname\_First name\_HLTAID003 |  |  |
| 1. Working with Children Check from your state \*
 | Surname\_First name\_WWC |  |  |
| 1. Certified current immunisation status\*

*You are required to be* [*immunized as per Federal Govt*](https://www.health.gov.au/health-topics/immunisation/health-professionals/immunisations-for-health-care-workers) *recommendations for Healthcare workers If not supplied please state when this anticipated to be completed.* *(It must be completed within 1 month of course commencement). Acceptable evidence: Vaccination record and/or serology report and/or Govt Healthcare worker card* | Surname\_First name\_immunisation |  |  |
| 1. Certified Police check obtained within last three months\*
 | Surname\_First name\_police |  |  |
| 1. Current IELTS Academic Overall Score 7 or higher

 *(if your degree was issued outside of Australia and was NOT delivered and assessed in English) (certified copy) PTE/OTE equivalent also accepted* | Surname\_First name\_IELT |  |  |

## PLEASE READ

1. Only completed application forms will be considered.
2. This is an application for consideration to be accepted into this course.
3. Only shortlisted candidates will be contacted to attend an interview.
4. If you are successful in obtaining an interview you will be required to bring all your original documentation with you and to complete a pre-class assessment to help AIHE gauge your level of learning on the day of your interview.
5. If you are unsure if you require a Certificate III in Allied Health Assistance as part of your entry requirements please submit your otherwise completed application form and AIHE will notify you as to whether this is required or not.
6. If you have commenced your immunisation, and it will be completed prior to the course commencement date, please indicate the anticipated completion date on the checklist. You will not be able to enter the course without a completed immunisation.
7. Immunisation and police checks are to be obtained in your state of residence.
8. Working with children check is to be obtained in the state where you will be undertaking clinical placements.

## Where you can find information

1. Immunisation details may be found at: [NSW immunisation](http://www.health.nsw.gov.au/immunisation/Documents/Occupational/student_kit.pdf) (category A):
2. Vaccination cards can be obtained from AIHE by contacting info@aihe.edu.au [VIC immunisation](http://www.health.vic.gov.au/immunisation/resources/health-care-workers-guide.htm) (category A): [QLD Immunisation](https://www.qld.gov.au/health/conditions/immunisation/occupational/index.html#health) (category Healthcare workers): Other states: please refer to your state health department for details and appropriate documentation.
3. Working with children details may be found at: [NSW WWC](http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check); [VIC WWC](http://www.workingwithchildren.vic.gov.au/home/about%2Bthe%2Bcheck/) ; [QLD BLUE CARD](https://bluecard.qld.gov.au/volunteers/howdoiapply.html) ; Other states please refer to your state authority;
4. Police Checks: Other states please refer to your state authority [NSW](https://npcoapr.police.nsw.gov.au/aspx/dataentry/Introduction.aspx) [VIC](http://www.police.vic.gov.au/content.asp?Document_ID=274) QLD

**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 |  |