

Enrolment Form (for New Students)

PERSONAL DETAILS

Name:

Address:

Phone (H): Date of Birth:..... Gender: M / F

Phone (W):..... Mobile:.....

E-mail (required):

COURSE DETAILS

I would like to enrol in:

OPTION 1: Certificate IV in Kinesiology Course (HLT42807) (9 modules)

OR **OPTION 2:** Certificate of Solution Oriented Neuro-Training (Modules 1 – 5 only)

OR **OPTION 3:** One or more of the following modules:

Module 1: Art of Solution Oriented Neuro-Training

Module 6: Client Care

Module 2: Principles of Recuperation

Module 7: Anatomy & Physiology 1*

Module 3: Blueprint One

Module 8: Anatomy & Physiology 2*

Module 4: Innate Intelligence

Module 9: Practice Management*

Module 5: Integration

* Delivered on-line by our Training Partner Premier College.

PERSONAL INTEREST: Please indicate if you are studying for personal interest only i.e. without assessment. Yes

RECOGNITION OF PRIOR LEARNING (RPL)

Do you think you might be eligible for Recognition of Prior Learning? Yes No

RPL is the acknowledgement of the skills and knowledge a person has acquired through previous training, work or life experience, which may be used to grant status or credit in a subject or module. Students who think they might be eligible for RPL are encouraged to apply. If you tick "yes" above for RPL you will be contacted by College of Neuro-Training to discuss your options and sent an application kit that explains the process and requirements in detail.

EMERGENCY CONTACT DETAILS

Contact Name:

Address: Phone (H):

..... Phone (W):

Relationship:..... Mobile:

LITERACY & LEARNING INFORMATION

How well do you speak English? Very Well Well Not well Not at all

How well do you read English? Very Well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin? No Aboriginal Torres Strait Islander

Do you have a disability, impairment or condition that may affect your participation in your training? No

Yes: Hearing/Deaf Physical Intellectual (including acquired brain impairment)

Mental Illness Vision Medical Condition Other

Please specify:.....

Do have any special requirements for attendance at your nominated training? Yes No

Do you know of anything that might prevent you from progressing through the program? Yes No

If yes, please specify:

College of Neuro-Training

ENROLMENT FORM

Name: Student ID:.....
For existing students

PAYMENT OPTIONS

- OPTION 1:** Certificate IV in Kinesiology Course (HLT42807) (9 modules) Payment in full: \$
- OPTION 2:** Certificate of Solution Oriented Neuro-Training (Modules 1 – 5 only) Payment in full: \$
- OPTION 3:** Payment per module Deposit: \$ **OR** Module payment in full: \$
- Module:
- Dates:.....
- Trainer:..... Location:.....

PAYMENT DETAILS

- Cheque /Money Order Payable to College of Neuro-Training
Mail to: PO Box 2049
Tarrawanna NSW 2519
- Direct Deposit (Westpac) / Internet :
Account Name: College of Neuro-Training
Account No.: 245460
BSB Number: 032-685
Please note your name in the reference field.
- Credit Card (Visa or MasterCard only)
Please note that all credit card payments attract a 2% surcharge applied at time of payment processing.
- Card Number: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___ ___ ___ Expiry: ___ ___ / ___ ___
- Name on card:..... Signature:.....

ENROLMENT TERMS & CONDITIONS

Fees

Payment in full for each module must be made at least one week prior to commencement of the module. Any special payment arrangements must be agreed at the time of enrolment. Enrolment fees may be paid by mail or by telephone. Cash, cheque, credit cards (MasterCard, Visa) or direct deposit are acceptable. Credit card payments attract a 2% surcharge applied at time of payment processing. Student enrolment is not confirmed until fees are paid. End of course results and certificates can only be issued once all relevant course fees have been finalised.

Cancellation & Refunds

Where College of Neuro-Training cancels training, student payments will be refunded or made available to be used as credit toward other training. Cancellations or variations to enrolment by students must be made initially by phone and then confirmed in writing. College of Neuro-Training may refund on a pro-rata basis any fees for training to students who leave before completion of the training service. Students may be liable for some payment even if they discontinue their enrolment. All deposits paid are non-refundable. Mitigating circumstances warranting a review of this policy will be individually judged on merit and is at the discretion of College of Neuro-Training.

LODGEMENT

Please send your completed form with payment to College of Neuro-Training, PO Box 2049, Tarrawanna NSW 2518. For short notice enrolments, this form can be faxed to (02) 4284 4044 with originals posted to Head Office or submitted to the Trainer.

ACKNOWLEDGEMENT & ACCEPTANCE

- I acknowledge that I have provided all the information necessary for enrolment and that this information is true and correct.
- I acknowledge and accept all the enrolment terms and conditions outlined in this form.

Signature: Date:

PRIVACY POLICY

All personal information provided to College of Neuro-Training is covered by our privacy policy which ensures that there is no misuse, loss, unauthorised access, modification or disclosure. Personal information will not be shared, sold or given to any third parties without consent, and will only be used or disclosed for its original purpose.