

# College of Neuro-Training

Activation Certificate, Recuperation Certificate, SONT Certificate, Diploma of NT, Diploma of Kinesiology

## Enrolment Form

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### PERSONAL DETAILS

Name:

Address:

Postal Address if different from residential address:

State:                      Postcode:                      ..... Your Unique Student Identifier (required)

Phone (H):                      .....

Phone (W):                      Mobile:                      ..... E-mail (required):

Date of Birth:                      ..... Gender:  M /  F

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**COURSE DETAILS-** *Please note:* if you have already previously completed this enrolment form and wish to make a module payment only, please use the "Payment Advice Form".

I would like to enrol in:

- OPTION 1:**  Activation Certificate  
**OPTION 2:**  Recuperation Certificate  
**OPTION 3:**  Certificate of Solution Oriented Neuro-Training (SONT), (Modules 1 – 6 only)  
**OPTION 4:**  Diploma of Neuro-Training  
**OPTION 5:**  Diploma of Kinesiology (HLT52415) **or**  
**OPTION 6:**  One or more of the following modules only

- |  |   |
|--|---|
| <input type="checkbox"/> Module 1: Art of Solution Oriented Neuro-Training       | <input type="checkbox"/> Module: D4 Nutritional Alternatives  |
| <input type="checkbox"/> Module 2: Principles of Recuperation                    | <input type="checkbox"/> Module: Dip Major Refer to Next Page |
| <input type="checkbox"/> Module 3: Blueprint One                                 | <input type="checkbox"/> Module: Diploma Clinic               |
| <input type="checkbox"/> Module: Recuperation Clinic                             | <input type="checkbox"/> Module: Nutritional Theory           |
| <input type="checkbox"/> Module 4: Innate Intelligence                           | <input type="checkbox"/> Module: Practice Management 1        |
| <input type="checkbox"/> Module 5: Integration                                   | <input type="checkbox"/> Module: Practice Management 2        |
| <input type="checkbox"/> Module 6: Kinesiology/NT Clinic/Client Care             | <input type="checkbox"/> Module: Practice Management 3        |
| <input type="checkbox"/> Module 7: Anatomy & Physiology Class Module             | <input type="checkbox"/> Module: Practice Management 4        |
| <input type="checkbox"/> Module 8: Anatomy & Physiology 1 or 2 (Self Study only) |   |
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### 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 may be eligible for RPL are encouraged to apply.

If you tick "yes" for RPL please contact your trainer to discuss RPL options.

An RPL application kit is available that explains the process and requirements in detail. RPL fees apply.

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### MAJOR - Diploma Of Neuro-Training / Diploma in Kinesiology (HLT52514):

<input type="checkbox"/> Module D1: Functional Neuro-Training One and Two	Major Resolving Stress and Trauma
<input type="checkbox"/> Module D2: Emotional Defences	Major Resolving Stress and Trauma
<input type="checkbox"/> Module D3: Yin Yang	Major Resolving Stress and Trauma
<input type="checkbox"/> Module D4: Nutritional Alternatives	Core module. Refer to Page One
<input type="checkbox"/> Module D5a: Fears, Habits and Beliefs	Major Universal Principles
<input type="checkbox"/> Module D5b: Model of Universal Principles	Major Universal Principles
<input type="checkbox"/> Module D5c: The Nine Pillars	Major Universal Principles
<input type="checkbox"/> Module D6a: Context of Recuperation	Major Recuperation
<input type="checkbox"/> Module D6b: Pain	Major Recuperation
<input type="checkbox"/> Module D5c: Neuro-Frequencies	Major Recuperation
<input type="checkbox"/> Module D7a: Blueprint Two	Major Human Excellence
<input type="checkbox"/> Module D7b: Blueprint Synopsis	Major Human Excellence
<input type="checkbox"/> Module D7c: Blueprint Three	Major Human Excellence
<input type="checkbox"/> Module D8a: Women's Wellness One	Major Women's Wellness
<input type="checkbox"/> Module D8b: Women's Wellness Two	Major Women's Wellness
<input type="checkbox"/> Module D8c: Women's Wellness Three	Major Women's Wellness
<input type="checkbox"/> Module D9a: Face Traits One & Two	Major Behavioural Genetics
<input type="checkbox"/> Module D9b: Face Traits Two & Three	Major Behavioural Genetics
<input type="checkbox"/> Module D9c: Genetics One	Major Behavioural Genetics

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### EMERGENCY CONTACT DETAILS

Contact Name:

Address:

Phone (H):            Phone (W):            Mobile:

Relationship:

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### 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 the participation of your training?     No  
 Yes:     Hearing             Physical             Intellectual (including acquired brain impairment)  
                   Mental Illness             Vision             Medical Condition             Other

Please specify:

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### CULTURAL INFORMATION

Which country where you born in?

If you are not an Australian citizen please provide your Passport Number

Please attach a copy of your passport signed by Justice of the Peace.

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### SCHOOLING

What is your highest COMPLETED school level? State YES in one box only

Year 12 or equivalent

Year 11 or equivalent

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Year 10 or equivalent or below

Still attending secondary school

Never attended school

In which YEAR did you complete that school level?

Have you SUCCESSFULLY completed any of the following qualifications? State YES in any applicable box

Bachelor degree or higher degree

Advanced Diploma or associate degree

Diploma or Associate Diploma

Certificate IV

Certificate III

Certificate II

Certificate I

Certificates other than the above – 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:

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### EMPLOYMENT

Of the following categories, which BEST describes your current employment status (State yes in one box)

Full time Employee

Part time Employee

Self Employed- not employing others

Employer

Employed – unpaid worker in family business

Unemployed- seeking full time work

Unemployed- seeking part time work

Name: For Existing students:-College of NT Student ID – not USI:

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### PAYMENT OPTIONS

Refer to Course Guide for Module Fees

**OPTION 1:** Initial Deposit: \$100 (Deposit now, balance of payment later)

*Payment in full for each module must be made at least 14 business days prior to commencement of the module - please refer to enrolment terms and conditions below.*

OR  **OPTION 2** Total Payment of Module Total \$

Module Name:

Dates of Module:

Trainers Name:

Campus Location:

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### PAYMENT DETAILS

Direct Deposit (Westpac)- Account Name: College of Neuro-Training: Account BSB 032 685 Account Number 245460

**Bank Deposit number:**

**Please note:**

**1. Direct deposits must include your name and module number as a reference for enrolment to be processed.**

**2. Please email the bank deposit receipt number with this form to both Administration and your campus trainer.**

Date:

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:

CCV:

Name on card:

Signature:

**(Insert a scanned image of your signature. Alternatively, you may print the form and physically sign and rescan the form.)**

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## ENROLMENT TERMS & CONDITIONS

### Fees:

- The College of Neuro-Training cannot accept more than \$1500 for any module payment. Payment in full for each module must be made at least 14 business days prior to commencement of the module. The College of NT will safeguard your fees paid.
- Students have a ten-day cooling off period where your deposit and/or payment will be refunded in full if requested within the ten day cooling off period.
- All deposits paid are non-refundable but transferrable after the ten-day cool off period.
- Any special payment arrangements must be agreed upon time of enrolment.
- Credit card (MasterCard, Visa) or direct deposits are acceptable payment methods. Credit card payments attract a 2% surcharge applied at time of payment processing.
- Student enrolment is not confirmed until all fees are paid and bank deposit number is submitted with enrolment documents.
- End of course results and certificates can only be issued once all relevant course fees have been finalised.

### Cancellation & Refunds

Where the 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 to their trainer and then confirmed in writing to both their trainer and administration. The College of Neuro-Training may refund on a pro-rata basis any fees for training to students who cease study before completion of the training service if training materials have been used or distributed to the student.

Students may be liable for all payments even if they discontinue their enrolment. Mitigating circumstances warranting a review of this policy will be individually judged on merit and is at the discretion of College of Neuro-Training. The College of Neuro-Training holds no responsibility for travel or accommodation expenses paid by the student in the event of cancelled training by administration.

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## LODGEMENT

Please email your completed form with payment to **your campus trainer** and a copy to: [info@collegeofneuro-training.edu.au](mailto:info@collegeofneuro-training.edu.au)

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## 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.
- ✓ I acknowledge I have participated in a phone or face to face pre enrolment interview prior to this enrolment.
- ✓ I acknowledge I have signed the student agreement form (attached).
- ✓ I acknowledge and accept that I understand the course in which I am enrolling, the fees due and study structure.
- ✓ I acknowledge and accept my personal study plan with the College of Neuro-Training

Signature:            Date:

**(Insert a scanned image of your signature. Alternatively, you may print the form, physically sign and rescan.)**

### 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.

OFFICE USE:    Date received:            Amount:            Receipt #: