

College of Neuro-Training

Activation Cert, Recuperation Cert, SOK Cert, SONT Cert, Diploma of NT, Diploma of Kinesiology

Enrolment

PERSONAL DETAILS

Full 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

***NB: When the College confirms your USI, you will receive a notice from the USI office advising you of this.**

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: CHOOSE ONE

- OPTION 1:** Activation Certificate
- OPTION 2:** Recuperation Certificate
- OPTION 3:** SOK Certificate - Solution Oriented Kinesiology (Modules 1 – 6 only with workbooks)
- OPTION 3:** Certificate of Solution Oriented Neuro-Training (SONT), (Modules 1 – 6 only with workbooks)
- 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"/> One Activation Day | <input type="checkbox"/> Module 1: Art of Solution Oriented Neuro-T |
| <input type="checkbox"/> Module 2: Principles of Recuperation | <input type="checkbox"/> Module: D4 Nutritional Alternatives |
| <input type="checkbox"/> Module 3: Blueprint One | <input type="checkbox"/> Module: Dip Major Refer to Next Page |
| <input type="checkbox"/> Module: Recuperation Clinic | <input type="checkbox"/> Module: Diploma Clinic |
| <input type="checkbox"/> Module 4: Innate Intelligence | <input type="checkbox"/> Module: Nutritional Theory |
| <input type="checkbox"/> Module 5: Integration | <input type="checkbox"/> Module: Practice Management 1 |
| <input type="checkbox"/> Module 6: Kinesiology/NT Clinic/Client Care | <input type="checkbox"/> Module: Practice Management 2 |
| <input type="checkbox"/> Module 7: Anatomy & Physiology Class Module | <input type="checkbox"/> Module: Practice Management 3 |
| <input type="checkbox"/> Module 8: Anatomy & Physiology 1 or 2 (Self Study only) | <input type="checkbox"/> Module: Practice Management 4 |

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.

College of Neuro-Training

Activation Cert, Recuperation Cert, SOK Cert, SONT Cert, Diploma of NT, Diploma of Kinesiology

MAJOR - Diploma of Neuro-Training / Diploma in Kinesiology (HLT52415):

- | | |
|---|-----------------------------------|
| <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 |

EMERGENCY CONTACT DETAILS

Contact Name:

Address:

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

Relationship:

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 speak a language other than English at home? No Yes. Please specify _____

- 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
- Learning Other

Please specify:

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.

College of Neuro-Training

Activation Cert, Recuperation Cert, SOK Cert, SONT Cert, Diploma of NT, Diploma of Kinesiology

SCHOOLING

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

Year 12 or equivalent

Year 11 or equivalent

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:

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

Self Employed – employing others

Employed – unpaid worker in family business

Unemployed- seeking full time work

Unemployed- seeking part time work

Not employed – not seeking employment

STUDY REASON

To get a job

To develop my existing business

To start my own business

To try for a different career

To get a better job or promotion

It was a requirement of my job

I wanted extra skills for my job

To get into another course of study – to meet entry requirements

For personal interest or study

Other reasons _____

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

College of Neuro-Training

Activation Cert, Recuperation Cert, SOK Cert, SONT Cert, Diploma of NT, Diploma of Kinesiology

LODGEMENT

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

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
- ✓ I acknowledge and accept that the College of Neuro-Training will verify my USI through the USI system and I am aware that I will receive a notification from the USI office when this occurs.

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.

Privacy Notice

Under the *Data Provision Requirements 2012*, The College of Neuro-training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by The College of neuro-Training for statistical, regulatory and research purposes. The College of neuro-Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement] DATE

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement]* DATE

**Parental/guardian consent is required for all students under the age of 18.*

OFFICE USE: Date received: Amount: Receipt #: