

# Certificate of Clinical Reflexology Enrolment Form



## Personal Details

Surname: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Birth: / /

First Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Next of Kin / Emergency Contact

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## General Information

- Gender  Female  Male
- In which country were you born?  Australia  Other, please specify:
- Do you speak a language other than English at home?  
 No, English Only  Yes, other, please specify:
- How well do you speak English?  Very Well  Well  Not well
- Are you of Aboriginal or Torres Strait Islander origin?  
 No  Yes, Aboriginal  
 Yes, Torres Strait Islander  Yes, Aboriginal & Torres Strait Islander
- Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If YES, please indicate the area of disability, impairment or long-term condition: Tick as many as apply.

- Hearing/Deaf  Intellectual  Mental Illness  Vision  
 Physical  Learning  Acquired Brain Injury  Medical Condition  
 Other:



## Enrolment Form cont.

### Previous Qualifications

7. Please list qualifications/ school level you have successfully completed and year of completion

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Employment

8. Of the following categories, which BEST describes your current employment status? Tick one box only.

Full-time employee

Part-time employee

Self employed –

Not employed – not seeking employment

Other

### Study Reason

9. Of the following categories which BEST describes your main reason for undertaking this course?

To get a job

To develop my existing business

To start my own business

To try for a different career

I wanted extra skills for my job

To get into another course of study

For personal interest or self- development

Other reasons

### Additional Learning support.

Is there any additional support from our teachers that you think you will need to complete this course successfully?

### How to Enrol

To enrol in the course:

1. Organise a time to meet or call Lyn for an entry interview.

2. Complete the enrolment form

3. Send via post or email the completed form to the ASRR

Post : ASRR P.O box 207 Werribee Vic 3030

Email : [info@asrr.com.au](mailto:info@asrr.com.au)

4. Attach Cheque or EFT \$500 non refundable\*enrolment fee to secure your place

### Then what?

Once enrolment form and payment have been received, you will be sent

- a receipt of payment
- an Invoice for balance of course
- Payment plan schedule (if opting for payment plan)
- Confirmation of enrolment letter (this will outline details of 1<sup>st</sup> day and what to bring along)



## Enrolment Form cont.

### Financial Arrangements : Full Course Fee \$6,500 Payment Method

Full Course fee: \$6,500

\$1000 Deposit paid -

Balance of \$5,500 to be paid in Full

Payment Plan: Balance of \$5,500 to be paid in 4 quarterly \* payments of \$1,375

Cash

Cheque

Direct Deposit EFT

EFT Details:	Westpac
Name on Account:	Australian School of Reflexology & Relaxation
BSB:	033-689
A/C:	27 5776
Reference:	Please use your surname

*\*Payment is due 2 weeks prior to the commencement of the course*

*\*Payment plan payments are due on the 1st of the month of each quarter*

*\* Late payments may attract a \$35 fee*

### Refund Policy

- Refunds will not be granted within 2 weeks of course commencement.
- Deferral may be granted on compassionate grounds for a period of 6 months at the discretion of the Principal. Additional fee is applicable.
- Should the course not go ahead due to lack of numbers, or for some unforeseen reason on the part of ASRR, a full refund of enrolment fee will be paid within 7 days of notification of cancellation

### Student Acceptance Agreement

In signing this Enrolment Form you agree:

- That the information provided on this form is true, correct and complete.
- That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy. I understand that the deposit / enrolment fee is non-refundable.
- To provide The Australian School of Reflexology & Relaxation with up to date and accurate contact details and notify them if anything changes.
- To be bound by The Australian School of Reflexology & Relaxation's Student Code of Conduct and Core Values

Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date:    /    /