

Certificate of Clinical Reflexology Enrolment Form



Personal Details

Surname: _____ Title: Mr/Mrs/Miss/Ms/Dr 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: Male Female 2. Have you ever studied with The Australian School of Reflexology & Relaxation before? Yes No
3. In which country were you born? Australia Other, please specify: _____
4. Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often.
 No, English Only Yes, other, please specify: _____
5. How well do you speak English? Very Well Well Not well Not at all
6. Are you of Aboriginal or Torres Strait Islander origin?
 No Yes, Aboriginal
 Yes, Torres Strait Islander Yes, Aboriginal & Torres Strait Islander
7. 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.

8. What is your highest COMPLETED school level? (tick one box only)

- Year 12 or equivalent Year 10 or equivalent Year 8 or below
 Year 11 or equivalent Year 9 or equivalent Never attended school (go to question 15)

9. In which YEAR did you complete that school level?

10. Are you still attending secondary school? Yes No

Previous Qualifications

11. Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, then tick ANY applicable boxes. (You may indicate more than one)

- Bachelor Degree or Higher Degree Diploma (or Associate Diploma) Certificate III (or Trade Certificate) Certificate I
 Advanced Diploma or Associate Degree Certificate IV (or Advanced Cert/ Technician) Certificate II Certificates other than these

Please list any qualifications you have completed and the year of completion.

1.		Year:
2.		Year:
3.		Year:

Employment

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

- Full-time employee Employed – unpaid worker in a family business
 Part-time employee Unemployed – seeking full-time work
 Self employed – not employing others Unemployed – seeking part-time work
 Employer Not employed – not seeking employment

Study Reason

13. Of the following categories which BEST describes your main reason for undertaking this course? Tick one box only.

- To get a job I wanted extra skills for my job
 To develop my existing business To get into another course of study
 To start my own business For personal interest or self- development
 To try for a different career Other reasons



Enrolment Form cont.

Refund Policy

Payment is due and payable on commencement of course. Once course has commenced no refund will be given. Deferral may be granted on compassionate grounds for a period of 6 months at the discretion of the Principal and additional fees are 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.

Payment Method

Full Course fee : \$6,500

Payment in Full (Prior to first class) OR Payment Plan

Deposit paid - Amount - \$500.00

Balance paid - Amount - \$6,000

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 Plan: Pay \$500 on enrolment then 4 quarterly * payments of \$1,500 thereafter.

**Payments are due on the 1st of the month of each quarter * A late fee of \$35 may apply*

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

Student Signature: _____

Date: / /

Printed Name: _____

If the student is under 18 years of age:

Parent/Guardian Name: _____

Contact Details: _____

Signature: _____

Date: / /