



**Office use only**

Stud. ID No. \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

*Tick when sighted, entered and set-up*

ID Checked  aXcelerate  RPL  LL&N Assess

## Enrolment Form 10346NAT Cert IV in Reiki Treatment Practice

### Student Contact Details

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Unique Student Identifier: \_\_\_\_\_ (If you do not already have one please refer to page 5 of the enrolment form and either apply yourself or authorise AIHBM to apply on your behalf)

### Emergency Details

Contact Name: \_\_\_\_\_ Relation \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: \_\_\_\_\_

### Personal Details:

Country of birth:  Australia      Other (please specify) \_\_\_\_\_

Place of birth: \_\_\_\_\_

Are you a permanent Australian Resident?       Yes       No

Are you in Australia on a Visa?       Yes       No

If so, what type of Visa \_\_\_\_\_

Do you speak a language other than English at home? (If Yes, please specify) \_\_\_\_\_

How well do you speak English? (please circle)

Very well       Well       Not well       Not at all

Do you think you will require assistance with your English during the course? \_\_\_\_\_

Have you completed training and initiation for Reiki 1 & Reiki 2 with a Reiki Master in person?

Yes       No

Have you attached / enclosed copies of your certificates?       Yes       No

***I give permission to Reiki Australia to receive a copy of this page only (Page 1 of 4) of the Enrolment Form for administrative purposes only (Please sign here) \_\_\_\_\_***

Are you of Aboriginal or Torres Strait Islander origin?

No

Yes – Aboriginal

Yes – Torres Strait Islander

**Disability**

Do you consider yourself to have a disability, impairment or long-term condition which may affect your studies?  Yes  No

If Yes – indicate the areas of disability, impairment or long-term condition:

Hearing/Deaf  Physical  Intellectual  Mental Illness  Vision

Acquired Brain Impairment  Medical Condition Other: \_\_\_\_\_

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you?  YES  NO

**What is your highest COMPLETED school level? (tick one only)**

Completed Year 12  Completed Year 11  Completed Year 10  Completed Year 9 or lower

In what year did you complete that school level? \_\_\_\_\_

Are you still attending secondary school?  Yes  No

Have you successfully completed any of the following qualifications?  Yes  No

If Yes – tick all applicable boxes

Diploma or Associate Diploma  Certificate IV or Advanced Certificate / Technician

Certificate III or Trade Certificate  Certificate II  Certificate I

Other Training course (specify course name & date) \_\_\_\_\_

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Of the following categories, which best describes your current employment status?

(Tick one only)

Full-time employee

Part-time employee

Self employed – not employing others

Employer

Employed – unpaid family worker

Unemployed – seeking f/t work

Unemployed – seeking part-time work

Not employed – not seeking employment

**Recognition of Prior Learning (RPL)**

Do you wish to apply for recognition of prior learning based on previous studies and experience which may give you credit towards your course?

No

Yes – please request the RPL Kit for your course from administration

*Office use only*

Receipt No: \_\_\_\_\_

Receipt Issued: \_\_\_\_\_

Payment Taken By: \_\_\_\_\_

**I am enrolling into:** (Tick the course)

All 14 Units of Competency listed below (includes \$200 Administration fee) \$5750

Code	Units	Hours	Cost
<input type="checkbox"/> HLTCOM404C	Communicate effectively with clients	30	\$350
<input type="checkbox"/> HLTCOM405D	Administer a practice	30	\$350
<input type="checkbox"/> HLTCOM406C	Make referrals to other health care professionals when appropriate	40	\$400
<input type="checkbox"/> HLTCOM408D	Use specific health terminology to communicate effectively	40	\$400
<input type="checkbox"/> HLTHIR301C	Communicate and work effectively in health	20	\$300
<input type="checkbox"/> HLTWHS300A	Contribute to WHS processes	20	\$300
<input type="checkbox"/> RKIWOR401A	Work within a Reiki treatment framework	40	\$400
<input type="checkbox"/> RKIWOR402A	Apply Reiki client assessment framework	50	\$500
<input type="checkbox"/> RKIWOR403A	Plan and provide Reiki treatment and care	50	\$500
<input type="checkbox"/> RKIWOR404A	Provide extended Reiki treatment	60	\$600
<input type="checkbox"/> HLTAP401B	Confirm physical health status (Elective)	90	\$600
<input type="checkbox"/> BSBWOR203B	Work effectively with others (Elective)	15	\$300
<input type="checkbox"/> TAEDL402A	Plan, organise and facilitate learning in the workplace (Elective)	35	\$250
<input type="checkbox"/> HLTIN301C	Comply with infection control policies & procedures (Elective)	20	\$300

**First Aid (a Core Unit) and the following four Elective Units are not offered at this time but will be accepted if you have completed these units with another authorised RTO**

<input type="checkbox"/> HLTF311A	Apply First Aid (Core Unit)	N/A	RPL*
<input type="checkbox"/> HLTHIR403C	Work effectively with culturally diverse clients and co-workers	N/A	RPL*
<input type="checkbox"/> HLTRAH302C	Undertake home visits (Elective Unit)	N/A	RPL*
<input type="checkbox"/> CHCAC318B	Work effectively with older people (Elective Unit)	N/A	RPL*
<input type="checkbox"/> HLTCOM503D	Manage a practice (Elective Unit)	N/A	RPL*

Administration fee \$200

RPL\* Recognition of Prior Learning Contact AIHBM

**Payment Details:**

Course Enrolment	\$1000	Due on Enrolment
Payment 2	\$	___/___/___
Payment 3	\$	___/___/___
Payment 4	\$	___/___/___
Total	\$	
Individual Units	\$	___/___/___

<b>Office Use</b>	
Payment 1 Processed	___/___/___
Payment 2 Processed	___/___/___
Payment 3 Processed	___/___/___
Payment 4 Processed	___/___/___
Individual Processed	___/___/___

Cash       M/C       VISA       Direct Deposit

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Card Holders Name \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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3 Digit Validation Code  
\* Located on the back of the card.

Expiry Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Direct Deposit Details:**

**BSB:** 084307    **Account number:** 176580379    **Account Name:** AIHBM

## REFUND POLICY

Australian Institute of Health and Business Management will safeguard any money paid by you in advance of your course. Australian Institute of Health and Business Management will refund you any money paid by you in full in the event we cancel or discontinue a course. If you withdraw from a course due to illness, (verified by a medical certificate) we will refund any course fees paid less the \$200 administrative fee. If after enrolment and prior to course commencement you should withdraw for any reason other than illness, with less than four weeks' notice, you will forfeit 50% of your course enrolment. Course commencement occurs when training materials are supplied to the student through either online access to training materials or physical training manuals are posted to the student. **If you fail to commence the course or withdraw during the course you will forfeit all monies paid and no refund will be made available**

# Australian Institute of Health and Business Management (AIHBM)

## Important Information – Please read and ensure you understand the following

### PRIOR TO ENROLMENT

AIHBM will keep you informed via email of any updates/changes to services. Below is information you need to know prior to enrolment:

#### TRAINING

Information on Training Services provided by AIHBM is available from the office via phone or in written format. Prior to enrolling into your chosen course, ensure you have a full understanding of the structure of the course. All courses are delivered in line with State and any National requirements utilising equipment that complies with all safety standards. Courses are delivered as a theory lesson with a practical component and all participants must ensure they can undertake the training. All costs, durations and outcomes are available from the office or on the website.

#### ASSESSMENT

Assessments of units will be conducted at a time agreed to by both parties after the following requirements are met.

- Successfully complete all required training, and
- Paid any outstanding monies owed,

Additional assessment processes will be explained to you at the time of training. Should you have any additional questions regarding your assessment method or have any concerns please discuss these with an AIHBM Staff Member.

#### SUPPORT SERVICES AND SPECIAL NEEDS

AIHBM will take every possible action to ensure we support you throughout your training and assessment process. If at any point through-out your course you require any assistance or support, please discuss these needs with AIHBM staff and we will do our best to help. If you have any special needs, including Language and Literacy, learning, mobility, visual impairment or hearing please notify staff prior to enrolment to allow us to cater for your needs. **If you do not notify us of any condition that may affect your learning, we will not be able to assist you if the need arises.**

#### YOUR RIGHTS

As part of your training and assessment, you have various rights. AIHBM wants to ensure your time spent with us is both beneficial and enjoyable. If at any point you feel harassed, discriminated or feel abused, please notify the Director immediately either face to face, via phone or in writing. If you feel you need to complain about an aspect of service or training and assessment you may do so verbally or in writing. Appeals on any decision made by AIHBM may be lodged to the Director and must be done so in writing. For more information on your rights, please talk to the staff.

#### PRIVACY POLICY

In compliance with the Privacy Act, the information requested on this enrolment form will only be used for the process of enrolment and maintaining the student records. All information will be kept confidential and access to this information is only available to you, the Director and the trainer. If you want to view your files at any time, lodge the request with your trainer.

#### MEDIA RELEASE

At times during the course, staff / contractors may take photos/video for use in promotional activity. By signing this form, you acknowledge your acceptance in participating in such activities.

### RULES AND REGULATIONS

1. To complete your enrolled course students must be able to fulfil the following obligations:
  - Demonstrate to the Trainer and Assessor through attendance and assessment, both written and theory that academic and professional skills have been obtained to a satisfactory and competent level.
  - Satisfy all academic, administrative and financial obligations to the organisation.
2. No food is to be taken into classrooms, and smoking is not permitted in the organisation's premises
3. Students must promptly notify AIHBM of any change of name, address and contact details.
4. AIHBM may take telephone messages for students if requested and if it is an emergency. Mobile phones must be switched off during class.
5. Students may be suspended or expelled from AIHBM at the Director's discretion for:
  - non or late payment of fees
  - failure to uphold or maintain any of AIHBM Policies and Procedures
  - Serious misconduct or breach of legislation

## UNIQUE STUDENT IDENTIFIER

From 1 January 2015, AIHBM can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>.

If you would like AIHBM to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>.

I [NAME] .....authorise  
AIHBM to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

\_\_\_\_\_  
[SIGNATURE]

\_\_\_\_\_  
[DATE]

### **Privacy Notice – Unique Student Identifier** **Consent for collection, use or disclosure of personal information**

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the Student Identifiers Act 2014.
- is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and
  - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - the purposes of administering and auditing VET, VET providers and VET programs;
    - education related policy and research purposes; and
    - to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - researchers for education and training related research purposes;
  - any other person or agency that may be authorised or required by law to access the information;
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

#### **Privacy policies and complaints**

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy or by contacting the Registrar on [usi@education.gov.au](mailto:usi@education.gov.au) or telephone the Skilling Australia Information line on 13 38 73, international enquiries +61 3 5454 5280. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

**Do not sign below if you feel you have not received information on all of the above points. Please ask AIHBM Staff to explain or provide written information on the above before enrolling and signing below.**

### **Student Declaration**

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I, \_\_\_\_\_ have read, understand and agree to the following:

- a) I will follow all the study instructions and Rules and Regulations as outlined on this page as well as all policies in the student handbook
- b) I release and hold harmless AIHBM, its Director, staff and agents in respect of any property loss or personal injury that I may sustain whilst participating in my course.

I declare truly and solemnly that's the information provided on this enrolment form is true and correct.

**Student's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / **20** \_\_\_\_\_.