



All fields in this form are mandatory and must be completed.

Complete all sections of this application in BLOCK LETTERS and ensure that you sign wherever necessary

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other.....

Family Name:

Given Name:

Other/Middle Name:

Female Male Date of Birth: DD/MM/YYYY

Have you got a current concession card Yes No
[Please provide a copy]

MAILING ADDRESS: Do not use PO Box and advise IHNA if you change your address during your course

No. and street:

Suburb/City:

State: Zip/Postcode:

Country:

Telephone:

Mobile:

*Email:

" On commencement of Training you will be required to use email to receive correspondence from IHNA and to use our online learning portal to access the resources and submit your assessments. Therefore it is necessary to provide an email address"

PERMANENT ADDRESS: (If not same as the Mailing Address)

No. and street:

Suburb/City:

State: Zip/Postcode:

Country:

UNIQUE STUDENT IDENTIFIER (USI)

IMPORTANT: To receive your Qualification completion of your course you will need to hold a valid USI.

Option 1 (Already have USI) * All fields for this option are mandatory

I already have a USI and I give IHNA permission to Take the Learning center off to verify my USI.

My USI is :

OR

Option 2(Creating own USI)

I do not hold a USI. I will create my own USI account and provide my USI to IHNA along with permission to verify my USI prior to my course completion

IMPORTANT: To create my own USI visit <http://www.usi.gov.au/pages/default.aspx>

Option 3 (IHNA to create USI- available only in the event you are unavailable to create your own USI)

I am unable to create my own USI and I give permission to IHNA to create a USI Account on my behalf. I have provided IHNA with the document number of the following form of personal Identification (ID) detailed below.

- | | |
|---|---|
| <input type="checkbox"/> Drivers Licence (Australian) | <input type="checkbox"/> Australian Passport |
| <input type="checkbox"/> Citizenship Certificate | <input type="checkbox"/> Australian Birth Certificate |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Other
(Contact IHNA for confirmation) |

Document Identification Number:

Country of Birth:

Town or City of Birth:

IMPORTANT: For this service there will be a processing period of 1-3 business days.

COURSE DETAILS

Which course are you applying for?

Course Delivery Mode: Face to face Blended

Course start date (If applicable):



All fields in this form are mandatory and must be completed.

NEXT OF KIN (in case of emergency who can we contact) :

Full Name: _____ Relationship: _____

Address: _____ Telephone: _____

Mobile: _____ Email: _____

All fields are mandatory to complete.

LANGUAGE AND CULTURAL DIVERSITY

1. In which country were you born?

- Australia Other – please specify

If not Australian your current residential status (Specify the type of visa):

2. 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

3. How well do you speak English?

- Very well Well Not well Not at all

4. Are you of Aboriginal or Torres Strait Islander origin?

(Are you of Aboriginal or Torres Strait Islander origin, mark both 'Yes' boxes)

- No Yes Aboriginal Yes Torres Strait Islander

DISABILITY

5. Do you consider yourself to have a disability, impairment or long term condition?

- Yes No _ Go to question 7

6. If you indicated the presence of a disability, impairment or long-term condition, please select the area (s) in the following list:

- Hearing/deaf Acquired brain impairment Physical Vision
 Intellectual Medical condition Learning Other Mental illness

SCHOOLING

7. What is your highest COMPLETED school level? (Tick ONE box only)

- Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 09 or equivalent
 Year 08 or below Never attended school

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

9. Are you still attending secondary school?

- Yes No



All fields in this form are mandatory and must be completed.

PREVIOUS QUALIFICATIONS ACHIEVED

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

If YES, then tick ANY applicable boxes.

A- Australian E- Australian Equivalent I- International

A	E	I		A	E	I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor degree or higher degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or trade certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced diploma or associate degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or associate diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above

EMPLOYMENT

11. Of the following categories, which **BEST** describes your current employment status?
(Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

12. Which of the following qualification **BEST** describes your current or recent occupation?
(Tick one box only) If never employed go to question 14
Options for this questions are;

- | | | |
|---|--|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Technicians and Trade Workers | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Clerical and Administrative Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery Operators and Drivers | <input type="checkbox"/> Labourers | <input type="checkbox"/> Other |

13. Which of the following classifications **BEST** describes the Industry of your current or previous Employer?
(Tick ONE box only)

If never employed go to Question 14 options for this question are;

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity, Gas, Water and Waste Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation and Feed Services |
| <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Information Media and telecommunications | <input type="checkbox"/> Financial and Insurance Services | |
| <input type="checkbox"/> Rental, Hiring and real Estate Services | <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Administrative and Support Services | |
| <input type="checkbox"/> Public Administration and Safety | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Health Care and Social Assistance | |
| <input type="checkbox"/> Arts and recreation Services | <input type="checkbox"/> Other Services | | |



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STUDY REASON

14. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?
(Tick ONE box only)

- | | | |
|--|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job | |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get into another course of study | |

VICTORIAN STUDENT NUMBER:

To be completed by all students aged up to 24 years enrolling in Victoria:

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years. Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form. Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

Enter your Victorian Student Number (VSN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No more questions if you provided your VSN.
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?	<input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. No more questions if you answer No above.
	<input type="checkbox"/> Yes - I have attended a Victorian school since 2009: Most recent Victorian school attended and / or
	<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)

TUITION FEE PAYMENT

Choose one of the payment plans below.

(please contact your admission consultant or customer service team on 1800 22 52 83)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Full tuition fees paid upfront | <input type="checkbox"/> Fortnightly Direct Debit | <input type="checkbox"/> 2 or 3 Instalments | <input type="checkbox"/> VET fee help |
| | | • No of installments: | |
| | | • Dates of installments: | |
| | | • Total Fee payable : \$ | |



All fields in this form are mandatory and must be completed.

Please choose one of the following Fees payment methods. Please use invoice number in all payment transactions. To finalise the enrolment quickly it is recommended you include a copy of the deposit receipt with this enrolment form.

- Bank transfer**
Bank Details
Bank: ANZ Heidelberg, Victoria, Australia.
Account Name: Institute of Health & Nursing Australia
BSB No. 013-313
Account No. 197 452 667.
- Pay Online from our website** http://www.ihna.edu.au/courses/pay_online
- Pay at our campus**
- Using Credit card**
- Credit Card Authorisation**
Cardholders Name:
Card Number:
- Credit card type: Master Card Visa
Expiry Date: MM / YY CVV No:

I authorise the Institute of Health and Nursing Australia to process payment/s against the credit card (Credit card surcharges apply @ 1.50%) as set out in my selected Payment Plan.

Signature:

Date:

- Direct Debit***
Please provide following details
Name of Account Holder -
Accno -
BSB No-
Date you want to start the direct debit-

To ensure your enrolment is finalised quickly, it is recommended to sign and sent the direct **debit form** to the enrolment officer as quickly as possible

For direct debit administration charges & fees apply. Dishonour fee of AUD 20/- is applicable in case of dis-honour of any direct debit instalment

PRIVACY STATEMENT:

I understand that:

- IHNA is required to provide its regulatory and funding authorities with student and training activity data which may include information I provide in this enrolment form. These bodies may disclose information for lawful purposes, to its consultants, advisors, other government agencies, professional bodies and/or other organisations. IHNA may also collect and disclose my personal information for a number of purposes including the allocation to me of a national or state student identification numbers and updating my personal information on these national/state registers
- I may be contacted by the regulatory or funding authorities or IHNA representatives for endorsed surveys or audit purposes
- If I am enrolled in Victoria, IHNA is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/d>)



All fields in this form are mandatory and must be completed.

atacollection.aspx). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

- The Education and Training Reform Act 2006 requires IHNA to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

Unique Student Identifier Privacy Notice and Privacy Policy

Privacy Notice

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI:

- ◆ is collected by the Student Identifiers Registrar for the purposes of:
 - ◆ applying for, verifying and giving a USI:
 - ◆ resolving problems with a USI:
 - ◆ resolving problems with a USI: and
 - ◆ crating 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 Vocational Education and Training (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 thee 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 statics:
 - ◆ 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 their consent unless authorised or requires by or under law.

USI Privacy policy

You can find further information on how the Student Identifiers Registrar collect , use, disclose and store personal information including sensitive information in Student Identifiers Registrar's Privacy Policy. The registrar's Privacy policy contains information about how you may access and seek corrections 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.

Student Checklist

- Selected payment option.
- Attached Copy of Photo ID and Age Proof (Passport, Driver's Licence,etc.)
- Attached copy of proof of residence.



All fields in this form are mandatory and must be completed.

- Attached copy of Green Medicare/ Concession card.
- Attached copies of your previous academic qualifications.(if applicable)
- Signed this form.
- Completed Funding Application form. (if applicable)

DECLARATION

- ◆ I have read and understood the student handbook and the course Brochure(available at www.ihna.edu.au)
- ◆ I would like to apply for enrolment with IHNA and agree to be bound by the policies and procedures set out by IHNA and I agree to maintain good and proper behaviour for the duration of my training. I understand my enrolment can be suspended or cancelled by the breach of IHNA policies and procedures, Use inappropriate behaviour, or endanger myself or others.
- ◆ I acknowledge and agree to the terms described in privacy statement including the USI privacy policy
- ◆ I have received the Delivery and Assessment Guidelines for students. I have fully advised the assessment processes involved in the course including the work experience placement and I acknowledge that I am willing to be assessed.
- ◆ I have read and understood the work experience placement assessment section in the Delivery and Assessment Guidelines for students. Work experience placement (if it is a part of the course) will be arranged by IHNA with its preferred partners and specific requirements like Australian National police clearance, immunisation (if required), WWCC (if applicable) should be met by the students before the placement.
- ◆ I have read and understood the course extension, refund, withdrawal, deferral, credit transfer and RPL policy published in IHNA website (<http://www.ihna.edu.au/policydocuments/listing>)
- ◆ I am obliged to advise IHNA of my residential address in Australia, and advise any change in my address during the period I am enrolled in the course/s. This can be done through IHNA online portal "Student Hub"
- ◆ I confirm that all the information provided in this application is complete and correct.
- ◆ I am aware that it is a requirement of the VET Quality Framework that students can access personal information held by the Institute. Accordingly, if I wish to correct or update information, I shall apply to IHNA if I wish to re-view my own records.
- ◆ I agree that the Institute reserves the right to change the particulars of the services, including changes to prices, courses, facilities and dates of programs where circumstances beyond the Institute's control necessitate such a change.
- ◆ I understand that all soft and hard copies of lessons and/ or any related material supplied by the Institute are copy-right, and any unauthorised copying is prohibited.

Applicant's Signature:

Date: DD/MM/YYYY



All fields in this form are mandatory and must be completed.

ABOUT IHNA

How did you hear about IHNA?

- Online
- Friend/ Relative
- Magazine/Advertisement
- Other
- Refer a friend scheme

Please Specify: _____

Please Specify: _____

Please Specify: _____

Please Specify: _____

I agree that IHNA can take my photo, video footage, details, achievements and feedback that may be used for promotional purposes.

- Agree
- Do not agree

I agree to receiving marketing materials such as emails, newsletters etc. from IHNA for the purpose of notifying me of IHNA's offers for other courses etc.

- Agree
- Do not agree

FEEDBACK:

Can you suggest any improvements to our pre-enrolment information, application/enrolment process?

Please submit the completed application form by e-mail or post to:-

Email: enquiry@ihna.edu.au

Post:-

To: Admissions, Institute of Health and Nursing Australia,

Heidelberg (VIC) Campus
599 Upper Heidelberg Road,
Heidelberg Heights, Vic 3081

Sydney (NSW) Campus
Level 7, 33 Argyle Street,
Parramatta, NSW 2150,

Perth (WA) Campus:
Level 2 Carillon City Arcade,
680-692 Hay Street Mall,
Perth WA 6000

If you have any questions please feel free to contact IHNA at Email: enquiry@ihna.edu.au, Telephone: 1800 22 52 83

For Office Use Only:

- Confirmed all sections of application form are complete
- USI collected /Created and verified
- Checked and approved student funding and/or VET FEE help (If applicable)
 - Eligible for funding
 - Eligible for VET FEE Help
 - Accessed VET FEE Help
- Completed LLN test
- Created Wise net ID: _____
- checked and approved the payment plan
- confirmed the initial deposit for the commencement of the course has been received
- Assessed and finalized RPL/Credit Transfer and informed change in fee to the the accounts
- Sent confirmation letter with Academic Hub details to the students

Staff Name & Signature:- _____ Date Received :- _____