













- Attached copy of Green Medicare/ Concession card.
- Attached copies of your previous academic qualifications.(if applicable )
- Attached copy of Resume.
- 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](http://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 Guide lines 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

### ABOUT IHNA

How did you hear about IHNA?

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Online                 | Please Specify: _____ |
| <input type="checkbox"/> Friend/ Relative       | Please Specify: _____ |
| <input type="checkbox"/> Magazine/Advertisement |                       |
| <input type="checkbox"/> Other                  | Please Specify: _____ |
| <input type="checkbox"/> Refer a friend scheme  | Please Specify: _____ |

I agree that IHNA can take my photo, video footage, details, achievements and feedback that may be used for promotional purposes. However a Media Release Form will be required to be completed before any of the above can be used.

- Agree  Do not agree

I consent to receiving marketing materials such as emails 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](mailto: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](mailto: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 :- \_\_\_\_\_