Australian College of Eastern Medicine

**Student Enrolment Form**

**Participant Personal Details**

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_ Given Name:\_\_\_\_\_ Gender: ❑ Male ❑ Female

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ Place of Birth (city/town):\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Post Code:\_\_\_\_\_\_\_\_

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

**Emergency Contact Details**

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Course Enrolment**

Please write which type of training you wish to apply for:

Course Code & Title:

Course Start Date: 0

**Mode of study:**

❑ Face to Face ❑ Mixed Mode

❑ Distance

**Employment Status**

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

❑ Full time Employee ❑ Employed - unpaid family worker

❑ Part time Employee ❑ Unemployed - seeking full time work

❑ Self-employed (not employing others) ❑ Unemployed - seeking part time work

❑ Employer ❑ Not employed - not seeking employment

**Cultural Background**

Are you of Aboriginal or Torres Strait Islander Origin? ❑ Yes ❑ No

=Were you born in Australia? ❑ Yes ❑ No

If no what was your Country of Birth:

Do you speak a language OTHER THAN English at home? ❑ Yes ❑ No

If YES, which language do you usually speak?

How well do you speak English? ❑ Very Well ❑ Well ❑ Not Well ❑ Not at All

Do you require any language, literacy or numeracy assistance? ❑ Yes ⌧ No

**Education**

What is your highest COMPLETED school level?

❑ Year 9 or lower ❑ Year 10 ❑ Year 11 ⌧ Year 12

In which YEAR did you complete that school level?

Since leaving school, have you COMPLETED any of the following qualifications?

❑ Trade Certificate ❑ Advanced/Technician Certificate

❑ Other Certificate ❑ Associate Diploma

❑ Undergraduate Diploma ❑ Bachelor Degree

❑ Postgraduate Diploma ❑ Master Degree

If YES, what was the name of the qualification(s)? BACHELOR OF HEALTH SCIENCE (ACUPUNCTURE)

**Working Experience**

Do you have any relevant previous experience? Yes / ❑ No If yes, how many years?\_\_\_\_\_\_\_\_\_\_\_

Have you received any related awards or certificate before? Yes/ ❑ No

If yes, please list the awards or certificates in detail.

## Disability

Do you consider yourself to have a permanent disability? Yes ❑ No ❑

If YES, tick ANY applicable boxes:

Visual/Sight/Seeing ❑

Hearing ❑

Physical ❑

Intellectual ❑

Chronic Illness ❑

Other ❑

If you require assistance for a disability, please give details:

## Recognition of Prior Learning

Are you seeking Recognition of Prior Learning? Yes ❑ No ❑

The information you have provided will remain private and confidential.

## Fees Policy

Fees are levied on all of our training programs.

The fees and charges applicable to each training program are negotiated directly with the student, or with a student’s employer.

Any fees due must be paid by the method agreed in the course information sheet or as agreed with the student’s employer as per our agreed commercial terms.

Where fees are paid in advance, these payment records will ensure that the student’s payments are recorded separately within the accounting system in sufficient detail so that training progress can be monitored against fees paid.

## Refund Policy

We will ensure that a full refund of tuition fees and admin fees will be offered if a course is cancelled by us.

ACEM agrees to refund within 30 days after every course intake, all fees paid except for an admin fee of $250.00 where by reason or reasons beyond the student’s control, including Acts of God, Acts of Government Authorities, civil strike and riots, visa issue, the student is prevented from attending the Course etc.

ACEM agrees to refund within 14 days without deduction, all fees where the College cancels the Course or where the commencement of the Course is postponed for more than four weeks.

Where the student decides to withdraw within 10 weeks after the Course has commenced, ACEM will be entitled to 10 weeks notice. The balance of the fees will be refunded to the student after deduction of 10 weeks fees. Where the student decides to withdraw more than 10 weeks after the course has commenced, student is supposed to pay the tuition fee based on the actual weeks he/she has already studied.

If a participant can provide 48 hours notice or greater of his inability to attend they can be rescheduled to another course without penalty.

Private Health fund is separate from the course offered. ACEM will not take responsibilities for any future private health fund cancellation occurred to the graduates due to their own misbehaviour or change of government policies and insurance policies beyond school’s control.

Students in exceptional circumstances can make application for special consideration to the RTO Chief Executive Officer.

## Acceptance of Conditions of Application

I acknowledge that I have read the above and understand the information provided.

**Payment Method**

**Direct Deposit**

**Eastwise Education Pty Ltd**

**BSB 484 799**

**Ac # 504406362**

I confirm that the information I provided is true and correct.

I authorise ACEM Sydney Campus to arrange my preferred type of training and assessment.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_