

International Institute of Kinesiology Australia

Suite 11, 710 Botany Road, Mascot 2020

ENROLMENT FORM

Course Name: **Touch For Health Consultant +Touch For Health Instructor Course**
intake 4/5 August 2018

Includes Touch For Health Certificate & Touch For Health Instructor License
(accredited with International Kinesiology College, Australian Kinesiology Association, Australian Institute of Kinesiologists & International Institute of Complementary Therapies), 24 days face to face tuition, 5 home study units +20 hours supervised student clinic (on campus) & 30 mentored hours (by distance)

Personal Details

Name: _____
(Title, First Name, Surname Name)
Home Address: _____
Town/City: _____
State: _____ PC: _____
Phone: _____ Fax: _____
Mobile : _____
Email: _____
Date Of Birth: _____ / _____ / _____ M / F

Emergency Details

Medical Practitioner

Name: _____
Phone: _____
Address: _____
Town/City: _____
State: _____ PC: _____

In case of an emergency I hereby authorise the International Institute of Kinesiology Australia or any member of its staff (including contract staff) to call an ambulance on my behalf and/or send me to the appropriate medical practitioner. I accept that I will be responsible for any costs incurred.

Signed: _____

Employment Details

Current Position: _____
Organisation: _____
Postal Address: _____
Town/City: _____
State: _____ PC: _____
Phone: _____ Fax: _____
Email: _____

Next of Kin

Name: _____
Relationship: _____
Phone: _____
Mobile : _____
Address: _____
Town/City: _____
State: _____ PC: _____

Disability (please specify):

Tell us a little about yourself: (Please attach another piece of paper if needed)

Why do you want to do this training? _____

Why do you believe IIKA should accept you as a student?

Previous Kinesiology Experience or Training (not required) _____

School level achieved: _____

Other Qualifications: _____

I intend to apply for **Recognition of Prior Learning (RPL)** YES NO (please circle)

If yes, circle all subjects you intend to request an RPL for: Anatomy&Physiology – Communication- TFH Certificate

PLEASE NOTE. Completion of the Touch For Health Consultant / Kinesiology Practitioner Course is dependent on the participant attaining an up-to-date Senior First Aid Certificate (not included in the course fee).

Payment Details

PLEASE NOTE: Enrolment will not be accepted unless transfer receipt of deposit accompanies application form. Direct Deposit / Credit card (please circle):

Complete 2 accredited qualifications over 10-12 months (August 18 –March 2019):

Touch For Health Consultant + TFH Teacher Training Course

- Deposit \$ 3,330 due 1 June 18 + 9 monthly payments of \$ 990 (balance \$ 8,910) \$ 12,240
due 1 August 18-1 Sept 18-1 Oct 18- 1 Nov 18 -1 Dec 18- 1 January 19 - 1 February 19- 1 March 19- 1 April 19
(only on IIKA payment contract by direct debit or credit card)
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TFH Certificate only (8 days): Code TFH

Option 1: deposit \$ 500 due asap (non-refundable), balance \$ 2,480 (due 15 July 18) \$ 2,980

Option 2: early bird: \$ 2,800 (due 1 July 18) **SAVE \$ 180** \$ 2,800

Option 3: 2 payments of \$ 1,625 due 23 June & 23 July 18) \$ 3,250

- TFH Teachers Training only** (8 days): Code TFHTT: 1/2/3/4 + 6/7//8/9 December 18 \$ 3,400

or 1/2/3/4 March 19 + 7/8/9/10 March 19

Deposit: \$ 500 (non-refundable) due 1 Nov 18 for December 18 intake

\$ 500 (non-refundable) due 1 February 19 for March 19 intake

Balance: \$ 2,900 due 10 November 18 (Dec intake) or 10 February 19 (March 19 intake)

Account details: Katha Jones: account number: 96916. BSB: 802-084 (Sydney Credit Union)

Reference: Code + name. Please note that credit card payments incur a 3% surcharge. Thank you.

Please forward your transfer receipt to office@iikinesiology.com, so we can finalise your enrolment.

Signed: _____

Date: ____ / ____ / ____

Details for credit card payments: 3% surcharge applies per transaction. I authorise the International Institute of Kinesiology Australia to process the payment for the course.

Visa MasterCard

Cardholder's name:

Card number: _____ CVC: ___ Expiry date: __ / __ / __ Date: __ / __ / __

I hereby confirm that to the best of my knowledge the information on this application form is true and correct and that it is not misleading in any way. I also understand that I need to complete all practical, written, oral and online competencies & supervised student clinic for the Touch For Health Consultant & Kinesiology Practitioner course to comply with AKA level 4 accreditation status.