## **Kinesiology Schools Australia**

K.S.A. Byron Bay 28 Seaview St Byron Bay, NSW 2481 Phone: 02 6685 7991



# **ENROLMENT FORM**

Course Name: Diploma in Kinesiology – HLT	52415
Venue: Byron Bay	
Personal Details	Employment Details
Name:	Current Position:
(Title, First Name, Surname Name)	Organisation:
Home Address:	Postal Address:
Town/City:	Town/City:
State:PC:	State:PC:
Phone:	Phone:
Mobile :	Email:
Email:	
Date Of Birth: / / M / F	
Emergency Details	
Medical Practitioner	Next of Kin
Name:	Name:
Phone:	Relationship:
Address:	Phone:
Town/City:	Mobile :
State:PC:	Address:
In case of an <u>emergency</u> I hereby authorise Kinesiology	Town/City:
Schools 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.	State:PC:
Signed:	
ell us a little about yourself: (Please attach another piece	of paper if needed)
Vhy do you want to do this training?	

Why do you believe Kinesiology Schools Australia should accept you as a student?

#### The following is not a prerequisite. It helps the lecturers plan their lessons.

Previous Kinesiology Experience or Training:			
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: A&P 1, A&P301, Clinical Safety, Business Administration, Manage a Business, Mentoring, Research, Communication, Nutrition, Legal Ethics, Diversity

PLEASE NOTE: Completion of the Diploma is dependent on the participant attaining an up-to-date Senior First Aid Certificate. Please contact KSA for more information.

### Where did you hear about us?

□ Internet

□ Living Now Magazine □ Newspapers

Referred by \_

□ Other \_

## Course Payments 2018 - Byron Bay KSA Campus

## PLEASE NOTE:

Enrolment will not be accepted unless payment accompanies application form.

Cash / Cheque / Direct Deposit / Internet Banking (please circle):

## Option 1, pay \$21,000

**2000 Plan** - available only when course starts Deposit \$3,000, 9 payments of \$2,000 bi-monthly.

## Option 2, pay \$21,600

☐ 600 Plan

Deposit \$1,200, 34 payments of \$600.

Please direct any queries to Veda Turner 02 6685 7991 or byronkinesiology@gmail.com

## Payments can be made by:

*Cheque*: payable to Kinesiology Schools Australia, 28 Seaview St, Byron Bay NSW 2481

*Direct deposit* at a Commonwealth Bank branch, BSB 064124, account no. 10211194 – please advise teller to state your name as reference

*Internet banking* – Kinesiology Schools Australia, BSB 064124, account no. 10211194 – please note your name as reference or call us for an invoice number.

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.

Signed:	Date://
	Byron Kinesiology Centre - 28 Seaview St, Byron Bay NSW 2481 Phone: 02 6685 7991 www.wellness.net.au www.kinesiologyschools.com.au parijat@wellness.net.au
NATIONALLY RECOGNISED TRAINING	Jan 2018