



Australasian Institute of Body-Mind Analysis and Psychosomatic Therapy

Registered Training Organisation Provider Number: 31117

Administration Centre
14 Billabirra Crescent
Nerang Qld 4211
Australia

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Enrolment Form

30788QLD Certificate III in Psychosomatic Therapy

Please use **BLOCK** letters and print details in full

Title : _____ Family Name : _____

Given Name/s : _____ Student No: _____

Date of Birth : _____ Male Female

Address : _____

Suburb : _____ State : _____ Post Code : _____

Telephone : Home: () _____ Work: () _____

Mobile: _____ Fax: () _____

Email: _____

Emergency Contact Details: (Name and Telephone)

Please place a tick in the boxes beside the units in which you wish to enrol :-

CODE NO:	COMPETENCY	Tick if applying	Fee
	CORE UNITS		
PSCHO1A	Orientation to Psychosomatic Assessment		Free
PSCHO2A	Conduct and perform analysis of personality potential characteristics in the face		\$325
PSHCO3A	Conduct and perform analysis of personality potential characteristics in the body and mind		\$650
PSHCO4A	Conduct and perform analysis of personality potential characteristics in the hand		\$325
PSCHO5A	Conduct and perform analysis of personality potential characteristics in emotional anatomy		\$325
	ELECTIVE UNITS		
PSCHO6A	Promote and perform specific psychosomatic assessment		\$325
HLTCOM404B	Communicate effectively with clients/patients		Included
TOTAL FOR 30788QLD CERTIFICATE III IN PSYCHOSOMATIC THERAPY			\$1,950

The Institute has a policy and procedure on student refunds which can be viewed as per the student handbook provided to you.

IDENTITY VERIFICATION

For privacy protection, it is necessary to store a password for access of your personal information. This will enable the organisation to verify your identity via the phone. Please supply a password up to 10 characters.
Password: _ _ _ _ _

Do you have any issues you might like to disclose so that we can offer you support, ie. sight impairment, English language and literacy, hearing loss, other disability or if wheel chair access is required, etc?

Please circle: yes/no

STUDENT DECLARATION : I hereby certify that the particulars herein are correct and I agree to abide by the organisation’s RTO policies and procedures and acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.

Applicant Signature: _____ Date: _____

PAYMENT METHOD:

Direct Debit NAB, Nerang, Queensland
BSB: 084 852 Account No: 57093 2141 Account Name: AIBMAPT
Ref: _____

Cheque Attach to this Registration Form (payable to AIBMAPT)

Credit Card: Mastercard Visa

 Expiry Date: ____/____

Name on Credit Card: _____

Deposit being paid: \$ _____ OR Full Amount being paid: \$ _____

PAYMENT PLAN:

If accepted by AIBMAPT for time to pay course fees, a minimum deposit of 30% is to be paid prior to or on commencement date of training. Full balance of payment **MUST** be completed within 3 months of start date.

Training Location: _____ Dates of Training: _____

Referring Teacher or Student’s Name: _____