



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

30789QLD Certificate IV in Psychosomatic Therapy

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

Title : _____	Family Name : _____
Given Name/s : _____	Student No: _____
Date of Birth : _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address : _____	
Suburb : _____	State : _____ Post Code : _____
Telephone : Home: () _____	Work: () _____
Mobile: _____	Fax: () _____
Email: _____	
Emergency Contact Details: (Name and Telephone)	

Please note that enrolment in this Certificate IV is dependent upon successful completion of 30788QLD Certificate III in Psychosomatic Therapy.

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

CODE NO:	COMPETENCY	Tick if applying
CORE UNITS		
PSCHO1A	In orientation to Psychosomatic Assessment	
PSCHO2A	Conduct and perform analysis of personality potential characteristics in the face	
PSHCO3A	Conduct and perform analysis of personality potential characteristics in the body and mind	
PSHCO4A	Conduct and perform analysis of personality potential characteristics in the hand	
PSCHO5A	Conduct and perform analysis of personality potential characteristics in emotional anatomy	
ELECTIVE UNITS		
PSCHO6A	Promote and perform specific psychosomatic assessment	
PSCHO7A	Practical case studies in psychosomatic assessment	
TAADEL301C	Provide training through instruction and demonstration of work skills	
PSCHO8A	Plan, perform and organise specific psychosomatic assessment	
TOTAL FOR 30789QLD CERTIFICATE IV IN PSYCHOSOMATIC THERAPY		\$2,575

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

IDENTITY VERIFICATION

For privacy protection, it is necessary to store a password. This will enable the organisation to verify your identity via the phone. Please supply a password up to 10 characters. _____

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 Student’s Name: _____