

Student Number

147 – 149 Currie Street (Adjacent Light Square) Adelaide
289 Cross Road Clarence Gardens
PO Box 8170 Station Arcade SA 5000

Please type or print

For entry into Flexible or On-Campus (Please circle)

1. Name and address

Name as you wish to appear on your records (Last, first, middle)

Former names (if used on previous academic records)

Mailing address

Post Code

Permanent address (if different)

Post Code

2. Phone

Day

Evening

Email

3. Emergency Contact

Name

Phone

Relationship

Address

ATTACH A RECENT

PHOTOGRAPH

OF

YOURSELF

4. Birth date:

Nationality:

5. Area of interest. I am applying for / continuing in

SINGLE SUBJECTS / OTHER

6. Citizenship

Australian Resident

Yes

No

Country of Citizenship:

Type of visa (if not Australian citizen):

7. Individual Learning Needs

Yes

No

If Yes, please describe

8. Health Care / Educational Experience

Institution

City

State

Dates Attended

Degree

Major

Year

1

2

3

Other Experience:

9. Previous Trade, Profession, Work Skills or Experience

10. If you have previously applied to this institution, please list : Year ____ Diploma / Certificate:

How did you hear about us:

If you have consulted a member of the College staff or faculty regarding your admission, please list contact names here:

Please list other colleges / institutions to which you are applying at this time:

11. Fees

11.(a) Administration Fee

Administration fee (A) \$

11.(b) Single Subject Fees

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Single subject _____ \$

Total Single subjects \$

Details :

Fees Due (B) \$

Total Fees Due (A + B) \$

12. Declaration

I declare that the information in this application is true and correct and that any deliberate misstatement is grounds for dismissal from the College. I have paid or contracted to pay the prescribed fees as set out in the Fee Schedule for the above course subjects.

I understand that all monies paid to the College are non-refundable after ten days from signing this declaration or upon receipt of learning materials if this is prior to ten days.

I agree to abide by the Regulations of the College as outlined in the College Policy Folder and Administrative Procedures posted on the College notice board from time to time.

Signature (Student)

Date

Signature (Parent / Guardian*)

Date

Signature(Principal/Deputy/Administrator)

Date

* Where Student is under 18, parent or guardian must certify that they have explained the terms and conditions of this contract to the student.

The SA College of Natural Medicine is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, creed, marital or parental status, race, nationality or ethnic origin, physical handicap, religion, sexual preference or gender.

I would like an official statement of enrolment Yes / No

I will be applying / have applied for AUSTUDY Yes / No

In accordance with the privacy Act 1988 – 2000, I am willing for my telephone number / contact details to be given to external government agencies* Yes / No

* In the case of a legal obligation for the College to disclose personal information to DFEEST or other Government Agency I understand that the College will endeavour to inform me prior to this information being released.

I enclose \$ (cash/cheque/money order)

Please debit my ~~BANKCARD*~~ / ~~MASTERCARD*~~ / ~~VISA*~~ Expiry Date Month ____ Year

*delete whichever does not apply

Credit Card Number																				
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Name _____

Address _____

Signature _____

Student Initial
