

| Personal Details <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr  |     |  |  |
|--|-----|--|--|
| First Name:  |     | Surname:   |  |
| Middle name/s  |     | Date of birth:   |  |
| Home phone:  | ( ) | Mobile:  |  |
| Email:   |     |  |  |
| <b>What is the address of your usual residence?</b><br>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. |     |  |  |
| Building/ property name:   |     |  |  |
| Flat/unit details:   |     | Street or Lot Number (e.g. 205 or Lot 118):  |  |
| Street name:   |     |  |  |
| Suburb, locality or town:  |     |  |  |
| State/Territory (if applicable):   |     | Postcode:  |  |
| Country  |     |  |  |
| Postal address (if different from above)   |     |  |  |
| Building/ property name:   |     |  |  |
| Flat/unit details:   |     | Street or Lot Number (e.g. 205 or Lot 118):  |  |
| Street name:   |     |  |  |
| Suburb, locality or town:  |     |  |  |
| State/Territory:   |     | Postcode:  |  |
| <b>Passport and Visa Details</b>   |     |  |  |
| Passport Number:   |     | Do currently hold an Australian visa? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Passport Expiry:   |     | Visa type:   |  |
| Country:   |     | Visa number:   |  |
| <b>USI (Unique Student Identifier)</b><br>All students studying nationally recognised training in Australia from 1 January 2015 will be required to have a Unique student Identifier (USI). A USI is an account (or reference number) made up of numbers and letters. The USI will allow students online access to their training records and results (transcript) through their online USI Account.   |     |  |  |
| <input type="checkbox"/> I have USI      USI No: _____<br><input type="checkbox"/> I do not have USI, I _____ authorise MTI to apply for my USI.<br><br>Student's Signature: _____ Date: ____/____/____  |     |  |  |
| <b>Education Agent Details</b>   |     |  |  |
| Are you nominating an Education Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |  |  |
| Education Agency name:   |     |  |  |
| Consultant name:   |     |  |  |
| Contact number:  |     |  |  |
| Email address:   |     |  |  |

| Enrolment Details  |  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
|--|--|--|-------------|----------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--------------|
| Qualification/Course:  | 1 <input type="checkbox"/> 22255VIC Certificate III in EAL (Further Study) – 6 months (26 weeks)<br>2 <input type="checkbox"/> 22258VIC Certificate IV in EAL (Further Study) – 6 months (26 weeks)<br>3 <input type="checkbox"/> HLT42015 Certificate IV in Massage Therapy– 6 months (26 weeks)<br>4 <input type="checkbox"/> HLT52015 Diploma of Remedial Massage - 1 year, 3 months (64 weeks)<br>5 <input type="checkbox"/> HLT52315 Diploma of Clinical Aromatherapy - 1 year, 3 months (64 weeks)<br>6 <input type="checkbox"/> Dual Diploma (Option 4 & 5) – Duration 1 year 9 months (after course credit applied)<br>7 <input type="checkbox"/> 22316VIC Advanced Diploma of Myotherapy – 1 year, 6 months (78 weeks)  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| Preferred start date:  | <table border="0"> <thead> <tr> <th>Option 1 &amp; 2</th> <th>Options 3-6</th> <th>Option 7</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 02<sup>nd</sup> Oct 2017</td> <td><input type="checkbox"/> 18<sup>th</sup> Sep 2017 (Diploma only)</td> <td><input type="checkbox"/> 09<sup>th</sup> Oct 2017</td> </tr> <tr> <td><input type="checkbox"/> 08<sup>th</sup> Jan 2018</td> <td><input type="checkbox"/> 09<sup>th</sup> Oct 2017</td> <td><input type="checkbox"/> 22<sup>nd</sup> Jan 2018</td> </tr> <tr> <td><input type="checkbox"/> 09<sup>th</sup> Apr 2018</td> <td><input type="checkbox"/> 15<sup>th</sup> Jan 2018</td> <td><input type="checkbox"/> 23<sup>rd</sup> Apr 2018</td> </tr> <tr> <td><input type="checkbox"/> 09<sup>th</sup> Jul 2018</td> <td><input type="checkbox"/> 05<sup>th</sup> Feb 2018</td> <td><input type="checkbox"/> 16<sup>th</sup> Jul 2018</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 23<sup>rd</sup> Apr 2018</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> 11<sup>th</sup> Jun 2018</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> 02 Jul 2018</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other: _____</td> </tr> </tbody> </table> | Option 1 & 2                                       | Options 3-6 | Option 7 | <input type="checkbox"/> 02 <sup>nd</sup> Oct 2017 | <input type="checkbox"/> 18 <sup>th</sup> Sep 2017 (Diploma only) | <input type="checkbox"/> 09 <sup>th</sup> Oct 2017 | <input type="checkbox"/> 08 <sup>th</sup> Jan 2018 | <input type="checkbox"/> 09 <sup>th</sup> Oct 2017 | <input type="checkbox"/> 22 <sup>nd</sup> Jan 2018 | <input type="checkbox"/> 09 <sup>th</sup> Apr 2018 | <input type="checkbox"/> 15 <sup>th</sup> Jan 2018 | <input type="checkbox"/> 23 <sup>rd</sup> Apr 2018 | <input type="checkbox"/> 09 <sup>th</sup> Jul 2018 | <input type="checkbox"/> 05 <sup>th</sup> Feb 2018 | <input type="checkbox"/> 16 <sup>th</sup> Jul 2018 |  | <input type="checkbox"/> 23 <sup>rd</sup> Apr 2018 |  |  | <input type="checkbox"/> 11 <sup>th</sup> Jun 2018 |  |  | <input type="checkbox"/> 02 Jul 2018 |  |  |  | Other: _____ |
| Option 1 & 2   | Options 3-6  | Option 7   |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
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|  | <input type="checkbox"/> 23 <sup>rd</sup> Apr 2018   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
|  | <input type="checkbox"/> 11 <sup>th</sup> Jun 2018   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
|  | <input type="checkbox"/> 02 Jul 2018   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
|  |  | Other: _____                                       |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| General Information  |  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 1. Have you ever studied with MTI before?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 2. In which country were you born?   |  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 3. Do you speak a language other than English at home?<br><i>If more than one language, indicate the one that is spoken most often.</i>  | <input type="checkbox"/> No, English only - Go to question 6<br><input type="checkbox"/> Yes, other, please specify: _____   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 4. How well do you speak English?  | <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 5. Do you require an English Placement Test?   | <input type="checkbox"/> Yes <input type="checkbox"/> No (Please speak with MTI to book your test)   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 6. English test result ( <i>Must be valid within the past 2 years</i> )  | IELTS (Academic): _____ TOFEL: _____<br>Other: _____<br>Test Date: ____/____/____  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 7. Are you of Aboriginal or Torres Strait Islander origin?   | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander<br><input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 8. Do you consider yourself to have a disability, impairment or long-term condition?<br>If yes, please indicate the area of disability, impairment or long term condition. (tick as many as apply) | <input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 8<br><input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness<br><input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning<br><input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition<br><input type="checkbox"/> Other:  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 9. What is your highest COMPLETED school level (tick one box only)   | <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent<br><input type="checkbox"/> Year 8 or below<br><input type="checkbox"/> Never attended school – Go to question 11  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 10. In which YEAR did you complete that school level?  |  |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 11. Are you still attending secondary school?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |
| 12. Do you require Overseas Student Health Cover to be arranged by institution?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes single cover/ family cover /family cover with children (please circle)   |  |             |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |              |

|   |  |                              |
|---|--|------------------------------|
| 13. Do you require airport pickup to be arranged by MTI?  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 14. Do you require accommodation to be arranged by MTI?   | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| <b>Previous qualifications</b>  |  |                              |
| 15. Have you SUCCESSFULLY completed any of the following qualifications?  | <input type="checkbox"/> Yes – indicate below<br><input type="checkbox"/> No – Go to Question 12 |                              |
| If YES, then tick ANY applicable boxes (you may indicate more than one)   |  |                              |
| <input type="checkbox"/> Bachelor Degree or Higher Degree   |  |                              |
| <input type="checkbox"/> Advanced Diploma or Associate Degree   |  |                              |
| <input type="checkbox"/> Diploma (or Associate Diploma)   |  |                              |
| <input type="checkbox"/> Certificate I  |  |                              |
| <input type="checkbox"/> Certificate II   |  |                              |
| <input type="checkbox"/> Certificate III (or Trade Certificate)   |  |                              |
| <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician)   |  |                              |
| <input type="checkbox"/> Certificates other than these  |  |                              |
| Please list any qualifications you have completed and the year of completion.   | 1.   | Year:                        |
|   | 2.   | Year:                        |
|   | 3.   | Year:                        |
| 16. Do you wish to apply for Course Credit?<br><i>If YES, certified copies of transcripts from previous qualifications must be provided with this application form.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |
| 17. Do you wish to apply for Recognition of Prior Learning?<br><i>If YES, you will need to complete an RPL Application Form with further details of your study.</i>     | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |
| <b>Study reason</b>   |  |                              |
| Of the following categories, which BEST describes your main reason for undertaking this course?   |  |                              |
| <input type="checkbox"/> To get a job   |  |                              |
| <input type="checkbox"/> I wanted extra skills for my job   |  |                              |
| <input type="checkbox"/> To develop my existing business  |  |                              |
| <input type="checkbox"/> To get into another course of study  |  |                              |
| <input type="checkbox"/> To start my own business   |  |                              |
| <input type="checkbox"/> For personal interest or self-development  |  |                              |
| <input type="checkbox"/> To try for a different career  |  |                              |
| <input type="checkbox"/> Other reasons  |  |                              |
| <input type="checkbox"/> To get a better job or promotion   |  |                              |
| <input type="checkbox"/> It was a requirement of my job   |  |                              |
| <b>Employment Status</b>  |  |                              |
| Of the following categories, which BEST describes your current employment status? (Tick one box only)   |  |                              |
| <input type="checkbox"/> Full-time employee   |  |                              |
| <input type="checkbox"/> Employed – unpaid worker in a family business  |  |                              |
| <input type="checkbox"/> Part-time employee   |  |                              |
| <input type="checkbox"/> Unemployed – seeking full-time work  |  |                              |
| <input type="checkbox"/> Self employed – not employing others   |  |                              |
| <input type="checkbox"/> Unemployed – seeking part-time work  |  |                              |
| <input type="checkbox"/> Employer   |  |                              |
| <input type="checkbox"/> Not employed – not seeking employment  |  |                              |
| <b>Current Employment Details</b>   |  |                              |
| Employer's name:  |  |                              |
| Your position:  |  |                              |
| Supervisor name:  |  |                              |
| Business address:   |  |                              |

**Next of kin/emergency contact**

|             |     |                      |     |
|-------------|-----|----------------------|-----|
| Name:       |     | Relationship to you: |     |
| Address:    |     |                      |     |
| Home phone: | ( ) | Work:                | ( ) |
| Mobile:     |     | Email:               |     |

**Application Checklist – You must provide all documents with your application**

All sections of the Enrolment Form and include all supporting documentation upon application.

Certified copy of your passport and a copy of your visa if currently available.

Certified evidence of English language proficiency (IELTS certificate or equivalent) or certified evidence to demonstrate English Language Competence.

Release Letter from another education provider (If applicable)

Certified transcripts and certified English translations of relevant academic records

Checked the entry requirements for the course/s in which you wish to enrol – as outlined on the Course Outline and website

Any additional documentation to support your application (e.g. resume, work certificates, references)

If you are applying for course credit, please read the information on Course Credit in the Student Handbook and MTI website.

**Note:** The granting of course credit may affect the length of your student visa. If you are applying for Recognition of Prior Learning, you will need to first discuss this with a Max Therapy Institute. If RPL is a suitable option for you, you must also complete the RPL Application Form available on our website.

**Agreement**

In signing this Enrolment Form you agree:

- That the information you have provided on this form is true, correct and complete.
- That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- That you have read and understood MTI's Information Privacy Policy.
- That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.
- To provide MTI with up to date and accurate contact details and notify them if anything changes.
- To be bound by MTI's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.

|                    |  |       |     |
|--------------------|--|-------|-----|
| Student Signature: |  | Date: | / / |
| Printed Name:      |  |       |     |