



The Sydney College of Homeopathic Medicine and Echoes Flex-e-Learning

Enrolment Form 2006

The Sydney College of Homeopathic Medicine,
Devonshire House,
139 Alexander St,
Crows Nest, NSW 2065,
Australia

Phone: +61 (02) 9437 9857
Fax: +61 (02) 9437 9236
Email: schm@homeopathycollege.com
Website: www.homeopathycollege.com

Welcome to The Sydney College of Homeopathic Medicine.

Please read the instructions below carefully before you complete this Enrolment form.

INSTRUCTIONS

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our College. Please fill in the form properly by:

- Completing all sections of the form.
- Printing your answers clearly in pen, or by ticking the box that applies for multi-choice questions.
- Signing the form.
- Attaching to the form the required documentation as listed on page 3 of the form.

A QUALIFICATION			
1	Please write the name of the qualification you wish to enroll for 2006:		<i>Office Use</i>
	Qualification Start date:		
	Qualification End Date:		
2	Have you studied at this College before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answered "yes", what was your ID number?		
3	Please indicate the courses you wish to study in 2006 by ticking the appropriate box below :		
	Year One Foundation Course (1 st year of Advance Diploma of Homeopathy)		
	<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning
	Year Two of the Advanced Diploma of Homeopathy		
	<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning
Year Three of the Advanced Diploma of Homeopathy			
<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning	
Year Four of the Advanced Diploma of Homeopathy			
<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning	

B PERSONAL DETAILS	
4	Print your full legal name:
	<i>Family Name:</i> <i>Given Name(s):</i>
5	Preferred first name:
	Previous name(s) known by:

6	If you have previously enrolled at this College under another name, what was that name?					
7	Preferred title:	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (Specify):
8	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	9	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		day month year				
10	Citizenship and Residency: You may need to supply evidence of residence or citizenship	Tick the box which best describes your citizenship or permanent residency status. Australian Citizen <input type="checkbox"/> AUS New Zealand Citizen <input type="checkbox"/> NZ Australian Permanent Resident <input type="checkbox"/> AUSP Other <input type="checkbox"/> Please specify if "Other": _____ (For students with dual citizenship, specify the country of citizenship of the passport used to enter Australia.) If you ticked "Other", please also specify any fee/assistance status if applicable. _____ During your time studying in this qualification will you be resident in Australia or overseas? In Australia <input type="checkbox"/> Overseas <input type="checkbox"/>				
11	Prior activity:	What was your MAIN activity or occupation in Australia at 1 October 2005? You may tick only one box. Secondary school student <input type="checkbox"/> 01 Non-employed or beneficiary (excluding retired) <input type="checkbox"/> 02 Wage or salary worker <input type="checkbox"/> 03 Self-employed <input type="checkbox"/> 04 University student <input type="checkbox"/> 05 TAFE student <input type="checkbox"/> 06 College of Education Student <input type="checkbox"/> 07 House-person or retired <input type="checkbox"/> 08 Overseas (irrespective of occupation) <input type="checkbox"/> 09 Private training establishment student <input type="checkbox"/> 11				
12	'Disability: Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, how would you describe your impairment, disability or long term medical condition :					

C ACADEMIC INFORMATION			
13	Secondary School:	What was the name of the last secondary school you attended? State "overseas", if applicable. _____	Office Use
		What was your last year at secondary school? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Please supply information of your academic history including all academic qualifications: Please specify if "Overseas qualification" or "Other". _____	

¹ The completion of this section is not compulsory

D DOCUMENTATION			
14	Evidence of your identity and nationality - produce a copy of one of the following: <ul style="list-style-type: none"> • Birth certificate • passport. 		
	Evidence of current residency - produce a copy of one of the following: <ul style="list-style-type: none"> • Copy of Passport showing current visa status • other as applicable 		
15	Provide name and contact details for 2 references - (non family members)	Name:	Name:
		Phone:	Phone:
		Address:	Address:
16	Please list here all documents that you have attached to this enrolment form. Documents should be securely stapled to the back of the form.		

E CONTACT DETAILS			
17	Address and contact details:	Home Address:	Postal Address: (if different from home address)
		Phone:	Mobile:
		Fax:	Email:
	Next of Kin:	Name:	Phone:

DECLARATION	
<p>Privacy – The College collects and stores information from this form to comply with the requirements. The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records.</p> <p>In addition, when required, the College may be required to release information to Government agencies.</p> <p>In signing this enrolment form you authorise such disclosure on the understanding that the College will observe the general conditions governing the release of information. You may see any information held about you and amend any errors in that information. To do so, contact the College.</p> <p>Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The College’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.</p> <p>Rules – In signing this enrolment form you undertake to comply with the published rules and policies of the College with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.</p>	
<p>Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.</p>	
_____	_____/_____/_____
<i>Signature</i>	<i>Date</i>

• Please make sure that you sign your enrolment form above •

<i>Office Use Only</i>		<i>Version 4.1 Designed by Meta Office with Take2 Users in Mind</i>	
<i>Documentation</i>	<i>Approved</i>	<i>Entered</i>	
_____	_____	_____	
____/____/____	____/____/____	____/____/____	