

Complete all sections of this application in BLOCK LETTERS and ensure that you sign wherever necessary

I have read and understood the Student Handbook and Course Brochure

PERSONAL DETAILS.

Mr Mrs Miss Ms Other:.....

Family Name:

Given Name:

Other/Middle Name:

Female Male Date of Birth: DD/MM/YYYY

Nationality:

If not Australian your current residential status (Specify the type of visa):

MAILING ADDRESS: Do not use PO Box and advise IHNA if you change your address during your course

No. and street:

Suburb/City:

State: Zip/Postcode:

Country:

Telephone: Fax:

Mobile:

*Email:

PERMANENT ADDRESS: (If not same as the Mailing Address)

No. and street:

Suburb/City:

State: Zip/Postcode:

Country:

COURSE DETAILS

Which course are you applying for?

CHC30208 Certificate III in Aged Care

CHC30308 Certificate III in Home and Community Care

CHC40108 Certificate IV in Aged Care

CHC40208 Certificate IV in Home and Community Care

CHC40308 Certificate IV in Disability

HLT32507 Certificate III in Health Service Assistance

SENDING THIS FORM

Please send completed Application Form and any supporting documents to the following address:

**Registrar,
IHNA Melbourne,
597-599 Upper Heidelberg Road,
Heidelberg Heights, VIC 3081**

Or

**IHNA Perth, Level 2 Carillon City Arcade,
680-692 Hay Street Mall, Perth WA 6000**

Alternatively you can fax your application form to us. Our fax number is +61 3 9457 7577

Or email a scanned copy of your Application to mail@IHNA.edu.au

Or use the option on our website www.IHNA.edu.au to apply online

If you have any further questions call us on 1800 22 52 83

* preferred mode of communication with applicants

FEES AND REFUNDS

1. Fees Details

Total Fees and Charges:

Please refer to the correct Course Brochure for the total fees and charges.

Contact IHNA if you need further information.

No obligation is created on **IHNA** until an official receipt is issued.

2. Fee Payment

Course fees are payable on or before the start of a course. A payment plan may be approved for applicants in eligible courses if applicants have difficulty in paying the full amount for tuition fee before the start of a course. Payment plan arrangements can vary between courses and may not be available for all applicants. Please refer to IHNA's [Fee Payment Policy](#) available in IHNA website.

Contact IHNA if you need further information.

3. Refunds

Please refer to IHNA's [Refund Policy](#) for information regarding refund including available refund options, eligibility for refunds and processes to apply for refunds.

DECLARATION

- ◆ I confirm that all the information provided in this application is complete and correct.
- ◆ I agree to be bound by the **Institute of Health and Nursing Australia** rules and regulations in force all the time, and otherwise to follow acceptable codes of behaviour, attendance and academic performance and show a concern for other students.
- ◆ I understand the terms of this application and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment prior to completing this form and agree to be a student at the provider.
- ◆ I am aware that personal information is collected solely IHNA's operating purposes as required under the Australian VET Quality Framework administered by the national registering authority. I therefore understand that the registering authority auditor may require release of my personal information in order to provide data for Commonwealth and State Government departments and agencies.

- ◆ I am aware that it is a requirement of the VET Quality Framework that students can access personal information held by the Institute. Accordingly, if I wish to correct or update information, I shall apply to IHNA if I wish to re-view my own records.
- ◆ I agree that the Institute reserves the right to change the particulars of the services, including changes to prices, courses, facilities and dates of programs where circumstances beyond the Institute's control necessitate.
- ◆ I understand that all soft and hard copies of lessons and/or any related material supplied by the Institute are copyright, and any unauthorised copying is prohibited.

Applicant's Signature: _____

Date: DD/MM/YYYY _____

Any other comments: _____

I agree that IHNA can take my photo, video footage, details, achievements and feedback that may be used for promotional purposes. However a Media Release Form will be required to be completed before any of the above can be used.

Agree Do not Agree

ABOUT IHNA

How did you hear about IHNA?

- Online. Please Specify: _____
- Magazine/Advertisement
- Friend/ Relative
- Other. Please Specify: _____

FOR OFFICE USE ONLY

Payment Received Date DD/MM/YYYY

AUD\$ Course commencement confirmed

Approved by: _____

IHNA Reference: _____