

Kinesiology Schools Australia

K.S.A. Brisbane
Shop 9, 57 Gawain Rd
Bracken Ridge, QLD 4017
Phone: 07 3261 5436

Kinesiology
Schools
Australia



ENROLMENT FORM

Circle course name : **Cert IV in Kinesiology – HLT42807** / **Diploma in Kinesiology – HLT51507**

Venue : **Brisbane / Gold Coast** (please circle one)

Personal Details

Name: _____

(Title, First Name, Surname Name)

Home Address: _____

Town/City: _____

State: _____ PC: _____

Phone: _____ Fax: _____

Mobile : _____

Email: _____

Date Of Birth: _____ / _____ / _____ M / F

Employment Details

Current Position: _____

Organisation: _____

Postal Address: _____

Town/City: _____

State: _____ PC: _____

Phone: _____ Fax: _____

Email: _____

Emergency Details

Medical Practitioner

Name: _____

Phone: _____

Address: _____

Town/City: _____

State: _____ PC: _____

In case of an emergency I hereby authorise Kinesiology Schools Australia or any member of its staff (including contract staff) to call an ambulance on my behalf and/or send me to the appropriate medical practitioner. I accept that I will be responsible for any costs incurred.

Signed: _____

Next of Kin

Name: _____

Relationship: _____

Phone: _____

Mobile : _____

Address: _____

Town/City: _____

State: _____ PC: _____

Tell us a little about yourself: (Please attach another piece of paper if needed)

Why do you want to do this training? _____

Why do you believe Kinesiology Schools Australia should accept you as a student?

The following is not a prerequisite. It helps the lecturers plan their lessons.

Previous Kinesiology Experience or Training: _____

School level achieved: _____

Other Qualifications: _____

I intend to apply for **Recognition of Prior Learning (RPL)** YES NO (please circle)

If yes, circle all subjects you intend to request an RPL for: Clinical Safety, Business Administration, A&P201, A&P301, Nutrition, Manage a Business, Mentoring, Research, Senior First Aid Certificate

PLEASE NOTE. Completion of Certificate IV is dependent on the participant attaining an up-to-date Senior First Aid Certificate. Please contact KSA for more information.

Where did you hear about us?

- Internet
- Living Now Magazine
- Sunday Mail
- Yellow Pages
- Other _____

Payment Details

No payments will be accepted at the course. See course prospectus for payment options for your local campus.

PLEASE NOTE:

Enrolment will not be accepted unless payment accompanies application form.

Cash / Cheque / Money Order / Direct Deposit / Credit Card (please circle): \$

- Option 1**
Payment of \$5500 in full (includes \$300 non-refundable enrolment fee)
- Option 2**
Deposit of 600 (includes \$300 non-refundable enrolment fee)
Payment of \$500 before commencement of the course
Plus 8 monthly instalments of \$600
- Option 3**
Part-time studies:
Deposit \$600 (includes \$300 non-refundable enrolment fee)
Payment of \$500 before commencement of the course
Plus 11 monthly instalments of \$450

Payments can be made by:

Brisbane	Gold Coast
Cheque: payable to Kinesiology Schools Australia, Shop 9, 57 Gawain Rd, Bracken Ridge, Qld 4017 Direct deposit at a Commonwealth Bank branch, BSB 064124, account no. 10211178 – please advise teller to state your name as reference Internet banking – Kinesiology Schools Australia, BSB 064124, account no. 10211178 – please note your name as reference Credit card: 2% surcharge applies	Cheque: payable to Kinesiology Schools Australia, Shop 9, 57 Gawain Rd, Bracken Ridge, Qld 4017 Direct deposit at a Commonwealth Bank branch, BSB 064185, account no. 10049822 – please advise teller to state your name as reference Internet banking – Kinesiology Schools Australia, BSB 064185, account no. 10049822 - please note your name as reference Credit card: 2% surcharge applies

Details for credit card payments

(2% surcharge applies for credit card payments)

I authorise Kinesiology Schools Australia to process the payment for the Certificate IV / Diploma (please circle) in Kinesiology.

- Visa
- MasterCard

Cardholder's name _____ Card Number _____ - _____ - _____ - _____

Expiry Date: ____ / ____ Signature: _____ Date: _____

I hereby confirm that to the best of my knowledge the information on this application form is true and correct and that it is not misleading in any way.

Signed: _____ Date: ____ / ____ / ____



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