



**Natural Health Academy of Australia**  
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**Telephone: 8231 4933 Fax: 8410 1044**  
**www.naturalhealthacademy.edu.au**

**ENROLLMENT FORM**

FAMILY NAME		GIVEN NAME(S)	
STREET ADDRESS		SUBURB	POSTCODE
OCCUPATION		MALE/FEMALE	DOB
HOME PHONE NUMBER	WORK PHONE NUMBER		MOBILE
DISABILITIES (IF ANY)		EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER
COURSE TO BE STUDIED	COMMENCEMENT DATE	DAY / EVENING / WEEKEND	
EMAIL ADDRESS			

HOW DID YOU HEAR ABOUT THE NATURAL HEALTH ACADEMY OF AUSTRALIA:

<input type="checkbox"/> ADVERTISER PRINT	<input type="checkbox"/> INTERNET YAHOO	<input type="checkbox"/> INTERNET GOOGLE
<input type="checkbox"/> YELLOW PAGES PRINT	<input type="checkbox"/> RELATIVE/FRIEND	<input type="checkbox"/> CURRENT STUDENT
<input type="checkbox"/> AAMT SITE	<input type="checkbox"/> ATMS SITE	<input type="checkbox"/> OTHER (PLEASE SPECIFY)

SUBJECTS APPLIED FOR (LIST FIRST 3 ONLY)

1..... TIMES ..... DATES .....

2..... TIMES ..... DATES .....

3..... TIMES ..... DATES .....

IF ENROLLING BY FAX OR MAIL, PLEASE SUPPLY CREDIT CARD NUMBER AND TICK (✓) CARD USED

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> BANKCARD
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EXPIRY DATE:                    /	AMOUNT TO BE DEBITED: \$
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**EXEMPTIONS / RECOGNITION OF PRIOR LEARNING:**

ARE YOU CLAIMING ANY EXEMPTIONS?                    Yes                     No

SUBJECTS: .....

IF CLAIMING ANY EXEMPTIONS / RPL PLEASE CONTACT OUR OFFICE FOR AN APPLICATION FORM). ONCE ENROLLED ONLY STUDIES UNDERTAKEN AT THIS ACADEMY WILL BE RECOGNISED FOR CREDIT TOWARDS DIPLOMAS. ALL EXEMPTIONS MUST BE FINALISED BEFORE COURSE COMMENCES.

SPECIAL NEEDS: DO YOU HAVE ANY SPECIAL NEEDS OR DISABILITIES – IF SO PLEASE SPECIFY.

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## ACADEMY POLICIES:

- (A) TO ENROL AT THE NATURAL HEALTH ACADEMY OF AUSTRALIA A ONCE ONLY REGISTRATION/PLANNING FEE OF \$100 MUST ACCOMPANY THIS ENROLMENT FORM. THIS FEE IS SEPARATE TO THE SUBJECT OR COURSE FEES AND IS NON-REFUNDABLE.
- (B) MONIES PAID TO THE NATURAL HEALTH ACADEMY OF AUSTRALIA ARE SUBJECT TO THE NATURAL HEALTH ACADEMY REFUND POLICIES, AS STATED IN THE NATURAL HEALTH ACADEMY OF AUSTRALIA INFORMATION GUIDE. TUITION FEES ARE PAYABLE PRIOR TO COMMENCEMENT OF THE COURSE AND AFTER COMMENCEMENT, FEES ARE NON-REFUNDABLE.
- (C) EXEMPTIONS ARE CONSIDERED FOR PREVIOUS FORMAL STUDY. **ONCE ENROLLED, ONLY STUDIES AT THIS ACADEMY WILL BE RECOGNISED FOR CREDIT TOWARDS YOUR AWARD FROM THE ACADEMY.** ALL APPLICATIONS FOR EXEMPTIONS MUST BE COMPLETED BEFORE COMMENCEMENT OF FIRST ENROLLED SUBJECT.
- (D) ALL STUDENTS WHO APPLY FOR A TIME PAYMENT PLAN MUST SUPPLY TWO PASSPORT PHOTOS, PLUS DRIVERS LICENSE OR PROOF OF AGE CARD. A CONTRACT MUST BE SIGNED BY THE ACADEMY AND BY THE STUDENT SPECIFYING THE CONDITIONS OF PAYMENT BEFORE ANY COURSE ENROLLED IN COMMENCES. AN ACCOUNTING FEE OF \$30 PER SUBJECT WILL APPLY.
- (E) IT IS THE RESPONSIBILITY OF THE STUDENT TO REPORT TO THE TUTOR BEFORE CLASS IF THERE IS ANY REASON WHY THE STUDENT SHOULD NOT GIVE OR RECEIVE A MASSAGE (OR ANY OTHER TACTILE THERAPY) IN ANY GIVEN CLASS, (I.E. STUDENT IS SUFFERING FROM AN INJURY, TRAUMA, EXTREME STRESS, ETC.).
- (F) THE ACADEMY PRINCIPAL RESERVES THE RIGHT TO SUSPEND OR EXPEL A STUDENT FROM THE ACADEMY AT ANY TIME, DEPENDENT ON ANY OF THE FOLLOWING:
  - 1. WHETHER ALL APPROPRIATE FEES HAVE BEEN PAID.
  - 2. WHETHER THE STUDENT HAS UPHELD AND ABIDED BY ACADEMY POLICIES.
  - 3. WHETHER THE STUDENT HAS ENGAGED IN MISCONDUCT AS DEEMED BY THE TUTOR OR THE ACADEMY PRINCIPAL.
- (G) IT IS THE STUDENTS' RESPONSIBILITY TO NOTIFY THE OFFICE AS SOON AS POSSIBLE OF ANY CHANGES OF ADDRESS AND TELEPHONE NUMBERS (BOTH BUSINESS AND PRIVATE) AND FOR BOOKING INTO EACH COURSE.
- (H) IT IS A REQUIREMENT OF THE ACADEMY THAT ALL TACTILE PARTICIPANTS GIVE AND RECEIVE ON EACH OTHER DURING THE COURSE WHETHER MALE OR FEMALE. IF THERE ARE MEDICAL OR CULTURAL REASONS WHY YOU MAY NOT PARTICIPATE YOU MUST ADVISE THE ACADEMY IN WRITING BEFORE COMMENCEMENT OF THE COURSE TO QUALIFY FOR AN EXEMPTION.
- (I) ALL COURSE ASSIGNMENTS AND INTELLECTUAL COPYRIGHT THEREOF REMAIN THE PROPERTY OF THE ACADEMY.
- (J) STUDENT ACADEMIC RECORDS REMAIN CONFIDENTIAL BUT, AS REQUESTED, MAY BE ACCESSED BY STATE OR COMMONWEALTH LAW.
- (K) ANY OTHER MATTER NOT SPECIFICALLY MENTIONED IN THE ACADEMY POLICIES IS AT THE DISCRETION OF THE ACADEMY PRINCIPAL.

## AGREEMENT

I,

### UNDERSTAND AND AGREE TO THE FOLLOWING:

- I UNDERSTAND AND AGREE THAT FEES PAID TO THE NATURAL HEALTH ACADEMY OF AUSTRALIA ARE REFUNDABLE ONLY IN ACCORDANCE WITH THE ACADEMY'S REFUND POLICY, AS MAY BE AMENDED FROM TIME TO TIME.
- I AGREE TO COMPLY WITH THE STUDENT PROTOCOLS AND PROCEDURES, A COPY OF WHICH IS AVAILABLE FROM THE ACADEMY OR [WWW.NATURALHEALTHACADEMY.EDU.AU](http://WWW.NATURALHEALTHACADEMY.EDU.AU).
- I RELEASE AND HOLD HARMLESS THE ACADEMY, ITS PRINCIPALS, STAFF, SERVANTS AND AGENTS IN RESPECT TO ANY PROPERTY LOSS OR PERSONAL INJURY THAT I MAY SUSTAIN WHILST PARTICIPATING IN MY COURSE OR ATTENDING THE ACADEMY WHOSOEVER CAUSED.
- AS PART OF MY COURSE REQUIREMENTS I WILL BE INVOLVED IN AND PARTICIPATE IN CLASS ACTIVITIES WITH STAFF, OTHER STUDENTS AND GUEST LECTURERS OF THE ACADEMY.

STUDENT'S SIGNATURE

DATE:            /            /