



# Australasian Institute of Body-Mind Analysis and Psychosomatic Therapy

Registered Training Organisation Provider Number: 31117

Administration Centre  
14 Billabirra Crescent  
Nerang Qld 4211  
Australia

Phone: 07 55004768  
Fax: 07 55783822

www.aibmapt.com.au  
admin@aibmapt.com.au

## Enrolment Form

### 30788QLD Certificate III in Psychosomatic Therapy

Please use **BLOCK** letters and print details in full

Title : \_\_\_\_\_ Family Name : \_\_\_\_\_

Given Name/s : \_\_\_\_\_ Student No: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Male  Female

Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ State : \_\_\_\_\_ Post Code : \_\_\_\_\_

Telephone : Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Details: (Name and Telephone)

\_\_\_\_\_

Please place a tick in the boxes beside the units in which you wish to enrol :-

CODE NO:	COMPETENCY	Tick if applying	Fee
<b>CORE UNITS</b>			
PSCHO1A	Orientation to Psychosomatic Assessment		Free
PSCHO2A	Conduct and perform analysis of personality potential characteristics in the face		\$325
PSHCO3A	Conduct and perform analysis of personality potential characteristics in the body and mind		\$650
PSHCO4A	Conduct and perform analysis of personality potential characteristics in the hand		\$325
PSCHO5A	Conduct and perform analysis of personality potential characteristics in emotional anatomy		\$325
<b>ELECTIVE UNITS</b>			
PSCHO6A	Promote and perform specific psychosomatic assessment		\$325
HLTCOM404B	Communicate effectively with clients/patients		Included
<b>TOTAL FOR 30788QLD CERTIFICATE III IN PSYCHOSOMATIC THERAPY</b>			<b>\$</b>

The Institute has a policy and procedure on student refunds which can be viewed as per the student handbook provided to you.

**IDENTITY VERIFICATION**

For privacy protection, it is necessary to store a password for access of your personal information. This will enable the organisation to verify your identity via the phone. Please supply a password up to 10 characters.  
Password: \_ \_ \_ \_ \_

Do you have any issues you might like to disclose so that we can offer you support, ie. sight impairment, English language and literacy, hearing loss, other disability or if wheel chair access is required, etc?

Please circle:            yes/no

**STUDENT DECLARATION** : I hereby certify that the particulars herein are correct and I agree to abide by the organisation’s RTO policies and procedures and acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT METHOD:**

Direct Debit    NAB, Nerang, Queensland  
BSB: 084 852 Account No: 57093 2141 Account Name: AIBMAPT  
Ref: \_\_\_\_\_

Cheque            Attach to this Registration Form (payable to AIBMAPT)

Credit Card:             Mastercard             Visa

               Expiry Date: \_\_\_\_/\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Deposit being paid: \$ \_\_\_\_\_ OR Full Amount being paid: \$ \_\_\_\_\_

**PAYMENT PLAN:**

If accepted by AIBMAPT for time to pay course fees, a minimum deposit of 30% is to be paid prior to or on commencement date of training. Full balance of payment **MUST** be completed within 3 months of start date.

Training Location: \_\_\_\_\_ Dates of Training: \_\_\_\_\_

Referring Teacher or Student’s Name: \_\_\_\_\_