



Australasian Institute of Body-Mind Analysis and Psychosomatic Therapy

Registered Training Organisation Provider Number: 31117
Administration Centre 14 Billabirra Crescent, Nerang Qld 4211 Australia

Enrolment Form

Phone: 07 55004768
Fax: 07 55783822

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admin@aimapt.com.au

30790QLD Diploma of Teaching 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 note that enrolment in this Diploma is dependent upon successful completion of 30789QLD Certificate IV in Psychosomatic Therapy.

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

CODE NO:	COMPETENCY	Tick if applying
CORE UNITS		
PSCHO1A	Orientation to Psychosomatic Assessment ~ Advanced	✓
PSCHO2A	Conduct and perform analysis of personality potential characteristics in the face ~ Advanced	✓
PSHCO3A	Conduct and perform analysis of personality potential characteristics in the body and mind ~ Advanced	✓
PSHCO4A	Conduct and perform analysis of personality potential characteristics in the hand ~ Advanced	✓
PSCHO5A	Conduct and perform analysis of personality potential characteristics in emotional anatomy ~ Advanced	✓
ELECTIVE UNITS		
PSCHO9A	Provide Psychosomatic Therapy lifestyle consultation	
TAADEL502B	Facilitate action learning projects	
TAADEL503B	Provide advanced facilitation to support learning	
TAATAS504B	Facilitate group processes	
TAADES502B	Design and develop learning resources	
TAADES501B	Design and Develop Learning Strategies	
TAAENV501B	Maintain and enhance professional practice	
TOTAL FOR 30790QLD DIPLOMA OF TEACHING PSYCHOSOMATIC THERAPY		\$4,875

IDENTITY VERIFICATION

For privacy protection, it is necessary to store a password. This will enable the organisation to verify your identity via the phone. Please supply a password up to 10 characters. _____

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 organisatin’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 Student’s Name: _____