

# CHI-CHINESE HEALING COLLEGE

Registered Training Organisation (RTO) under AQTF

Provider No: 91113

ABN: 79 059 317 289

12A Pipersbrook Crescent, BELLA VISTA NSW 2153

Tel/Fax: 02 9629 1688

## STUDENT REGISTRATION FORM

NAME	ADDRESS
Family Name:	Number & Street:
Given Name:	Suburb/Town:
Company/Employer Name:	State: Post code:
<b>DATE OF BIRTH &amp; GENDER</b> ____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>  <b>Email Address:</b> _____	<b>CONTACT NUMBERS</b> Tel: (H ) _____ Tel: (W) _____ Mob: _____ <b>Emergency Contact:</b> Name: Ph:
<b>QUALIFICATIONS</b> List any qualifications achieved relevant to the enrolled course _____ _____ _____ _____ _____ _____	<b>ARE YOU APPLYING FOR RECOGNITION OF PRIOR LEARNING?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>List any relevant Industry Experience to the course:</b> _____ _____ _____ _____ _____
<b>COURSE DETAILS:</b> NAME OF COURSE: _____ COURSE CODE HLT _____ COURSE LOCATION: _____	

### PRIVACY NOTICE AND APPLICANT DECLARATION

The information provided by you in this application form will be used by CCHC for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governmental agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in a CCHC course. I consent to CCHC obtaining all personal information necessary for the purpose of my application and course. Information provided will be held securely. Refer to CCHC's Privacy Policy for further information. By signing this form I understand and will adhere to CCHC and NSW Department of education and Training policies.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:		STUDENTS ID NO:	
START:	END:	INVESTMENT: \$	INVOICE/RECEIPT No:
ACCEPTED: YES <input type="checkbox"/> NO <input type="checkbox"/>	Waiting list: w/ <input type="checkbox"/>	DATE:	STAFF SIGNATURE: