



ENROLMENT FORM

PERSONAL DETAILS

First Name(s) _____ Surname _____

Date of Birth _____ Male / Female

How did you hear about Premier College? _____

POSTAL ADDRESS

Number /Street _____ Suburb _____ Post Code _____

Home Phone _____ Mobile Phone _____

Work Phone _____

Country of Birth _____ Language spoken at home _____

E-mail address: _____

Employment Status

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

How well do you speak English?

Very Well Well not well Not at all

EDUCATION DETAILS

Highest School Level completed _____ Highest Level completed Year _____ (i.e. 1990)

Still at School Yes No

Please list any other qualifications or courses you have completed below

OPTIONAL DETAILS

Special needs e.g. Literacy, language and numeracy

Other information _____

DISABILITY

Hearing Physical Other
Intellectual Learning Acquired Brain Impairment
Mental Illness Medical Condition Unspecified
Vision

Please read the Premier College Student Handbook issued with the enrolment application or available via our website www.premiercollege.com.au

I have read and understood the terms and conditions as outlined in the Premier College Student Handbook. I agree to comply with the rules and regulations as outlined. I have been given the opportunity to ask questions regarding these:

Signed.....Date.....



Qualification

Certificate IV in Massage (HLT40307)
Diploma of Remedial Massage (HLT50307)

Course Fees

\$ _____
\$ _____

Individual Modules

Certificate IV

Anatomy and Physiology 1- Structures
Anatomy and Physiology 2- Body systems
Massage 1 – Swedish
Massage 2 - Deep Tissue
Practice Management
Clinic practicum

Date enrolled

Diploma Remedial massage

Remedial Massage 1 – Pathologies
Remedial Massage 2 – Sports
Remedial Massage 3 – Organs, Lymph and Pregnancy
Apply Remedial Massage in a Corporate Setting
Introduction to Aromatherapy
Reflexology 1
Stone therapy (massage)
Trigger Points
Clinic practicum

Total course fees \$ _____
Date _____
Deposit paid \$ _____
Balance \$ _____
To be paid by _____

Direct deposit plan: weekly fortnightly monthly

Amount: \$ _____

First payment due: _____

Final payment due: _____

Methods of Payment

Credit Card	EFTPOS	Cheque	Cash	Direct Debit
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