

## Applied Mental Health Studies Unit Enrolment Form

### PERSONAL INFORMATION

Title	Surname	Student No.
Given Names		Preferred Given Name
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		

### HOME ADDRESS & CONTACT DETAILS

Have your address or contact details changed since your last enrolment?  No  Yes - Please fill out a Personal Details Variation Form

### EMPLOYER ADDRESS

Have your employer details changed since your last enrolment?  No  Yes - Please fill out a Personal Details Variation Form

### EMERGENCY CONTACT

Have your emergency contact details changed since your last enrolment?  No  Yes - Please fill out a Personal Details Variation Form

### INDICATION OF SUPPORT NEEDS

Have your support needs changed since your last enrolment?  No  Yes - Please fill out a Personal Details Variation Form

### FINANCIAL INFORMATION

Course fees are being paid by  Employer\*  Scholarship  Self  ABN

\* If your Employer is paying your semester fees, please fill out a Third Party Payment Form.



## UNITS OF STUDY: APPLIED MENTAL HEALTH STUDIES

Graduate Certificate       Graduate Diploma       Master       Non Award

**Specialisation** (choose one):     Perinatal & Infant       Child & Adolescent       Adult       Older Person

Please select your semester 1 and semester 2 units below

### GRADUATE CERTIFICATE

SEMESTER 1	SEMESTER 2	
<input type="checkbox"/> 100101 Fundamentals of Recovery-Oriented Care  <input type="checkbox"/> 100102 Professional Standards in Mental Health Care	<input type="checkbox"/> 100103 Promoting Recovery and Resilience in Perinatal and Infant Mental Health <input type="checkbox"/> 100104 Assessment and Formulation in Perinatal and Infant Mental Health	Perinatal
	<input type="checkbox"/> 100105 Recovery and Resilience in Child and Youth Mental Health <input type="checkbox"/> 100106 Psychosocial Practice in Child and Youth Mental Health	Child & Ado
	<input type="checkbox"/> 100107 Adult Mental Health in Practice <input type="checkbox"/> 100108 Working with Complexity in Adult Mental Health	Adult
	<input type="checkbox"/> 100109 Recovery-Oriented Mental Health Care with Older People <input type="checkbox"/> 100110 Improving the Mental Health of Very Old People	Older

### GRADUATE DIPLOMA

SEMESTER 1	SEMESTER 2
<input type="checkbox"/> 100201 Innovation and Improvement in Mental Health Care  <input type="checkbox"/> 100202 Therapeutic Perspectives Across the Lifespan	<input type="checkbox"/> 100203 Research Methods and Evaluation for Recovery-Oriented Mental Health Practice
	<i>Perinatal specialisation:</i> <input type="checkbox"/> 100204 Relationship-based Approaches to Intervention in Perinatal and Infant Mental Health
	<i>Adult, Older Person and Child &amp; Adolescent specialisations select <b>one</b> elective:</i> <input type="checkbox"/> 300204 Family-Oriented Care in Mental Health <input type="checkbox"/> 300205 Individual Therapies in Mental Health Care

### MASTERS

SEMESTER 1	SEMESTER 2
<input type="checkbox"/> 100301 Leadership Practice in Mental Health <input type="checkbox"/> 300302 Research and Project Planning	<input type="checkbox"/> 100303 Clinical Supervision Theory and Practice <input type="checkbox"/> 300304 Mental Health Capstone

### STUDENT DECLARATION

I have read and agree to the terms outlined in the [Student Fees Policy](#).

Signature

Date

Save this form in your name and send together with supporting documentation to:

Email: [applications@heti.edu.au](mailto:applications@heti.edu.au) Fax: 02 9840 3838

Post: HETI Higher Education, Locked Bag 7118, Parramatta BC NSW 2124