



Psychiatric Medicine 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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form
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EMPLOYER ADDRESS

Have your employer details changed since your last enrolment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form
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EMERGENCY CONTACT

Has your emergency contact details changed since your last enrolment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form
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INDICATION OF SUPPORT NEEDS

Have your support changed since your last enrolment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form
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FINANCIAL INFORMATION

Course fees are being paid by	<input type="checkbox"/> Employer	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Self	<input type="checkbox"/> ABN
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* If your Employer is paying your semester fees, please fill out a [Third Party Payment Form](#).

UNITS OF STUDY: PSYCHIATRIC MEDICINE

Graduate Certificate Graduate Diploma Master Non Award

Specialisation (choose one): Psychiatry General Practice Rural & Remote Medicine

Please select your semester 1 and semester 2 units below

SEMESTER 1

SEMESTER 2

GRADUATE CERTIFICATE

200101 Recovery Focused Psychiatric Medicine

200103 Collaborative Mental Health Care

200102 A Whole Person Approach to Psychiatry

200104 Introduction to Contemporary Psychiatric Interventions

GRADUATE DIPLOMA

200201 Reconsidering the Context

200203 Developmental Perspectives in Context 1: from Perinatal to Youth

200204 Developmental Perspectives in Context 2: Adults, Ageing and Beyond **OR**

200202 Integrating Physical and Mental Health

One Developmental Perspectives unit may be replaced with one of the following (non RANZCP trainees only):

300204 Family-Oriented Care in Mental Health **OR**

300205 Individual Therapies in Mental Health Care

MASTERS

200301 Comorbidity and Complexity

200302 Psychotherapy and Recovery

Elective:

300302 Research and Project Planning

200303 Neurosciences and Recovery: From the Cellular to the Social **OR**

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 Fax: 02 9840 3838

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