



HEALTH  
EDUCATION  
& TRAINING

# HETI HIGHER EDUCATION Applied Mental Health Studies Unit Enrolment Form

## GUIDELINES

- This form is to be used for new and returning students to support the enrolment into HETI Higher Education units of study.
- If you are a new applicant this form should be used in conjunction with the HETI Admission Application form and should be submitted at the same time.

## ASSISTANCE

If you have any questions, please contact Education Support for assistance. Phone: 02 9840 3833

## SECTION 1: STUDENT DETAILS (If returning student only required if changed from previous application)

Title	Surname		
Given Names		Student Number	
Street Address			
Suburb	State	Postcode	
Country	Home Phone	Mobile	
Email			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender X

## SECTION 2: COURSE OF STUDY

<b>Applied Mental Health Studies</b>
<b>Study Level</b> (select one degree or professional development option):
<input type="checkbox"/> Graduate Certificate (Year 1) <input type="checkbox"/> Graduate Diploma (Year 2) <input type="checkbox"/> Masters (Year 3) <input type="checkbox"/> Non-Award Standalone Unit (Certificate of Attainment) <input type="checkbox"/> Non-Award Professional Development (Certificate of Participation)
<b>Specialisation</b> (choose one):
<input type="checkbox"/> Perinatal & Infant <input type="checkbox"/> Child & Youth <input type="checkbox"/> Adult <input type="checkbox"/> Older Person
<i>Please select your semester 1 and semester 2 units below</i>



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GRADUATE CERTIFICATE (YEAR 1)	
SEMESTER 1	SEMESTER 2
<input type="checkbox"/> 100101 Fundamentals of Recovery-Oriented Care  <input type="checkbox"/> 100102 Professional Standards in Mental Health Care	<b>Perinatal</b> <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
	<b>Child &amp; Youth</b> <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
	<b>Adult</b> <input type="checkbox"/> 100107 Adult Mental Health in Practice  <input type="checkbox"/> 100108 Working with Complexity in Adult Mental Health
	<b>Older Person</b> <input type="checkbox"/> 100109 Recovery-Oriented Mental Health Care with Older People  <input type="checkbox"/> 100110 Improving the Mental Health of Very Old People
GRADUATE DIPLOMA (YEAR 2)	
<input type="checkbox"/> 100201 Innovation and Improvement in Mental Health Care  <input type="checkbox"/> 100202 Therapeutic Perspectives Across the Lifespan	<b>All</b> <input type="checkbox"/> 100203 Research Methods and Evaluation for Recovery-Oriented Mental Health Practice
	<b>Perinatal</b> <input type="checkbox"/> 100204 Relationship based to intervention in perinatal and infant mental health
	<b>Adult, Older Person and Child &amp; Youth select one elective</b> <input type="checkbox"/> 300204 Family-Oriented Care in Mental Health OR <input type="checkbox"/> 300205 Individual Therapies in Mental Health Care
MASTERS (YEAR 3)	
<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



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## SECTION 3: PAYMENT DETAILS

Are you seeking Fee-Help  Yes  Partially  No (Fee help is only available for Award based courses)

Course Fees paid by  Self  Employer  Scholarship

## SECTION 4: DECLARATION CHECKLIST

- I hereby certify that the information provided in this application is true and correct.
- I authorise Health Education and Training Institute Higher Education to obtain verification of any statements or documents included as part of this application.
- I understand that I will be liable for student contribution or tuition fees for each unit in which I am enrolled at census date and for which I have not been granted Advanced Standing.
- I understand that Health Education and Training Institute Higher Education reserves the right to vary or reverse any decisions regarding enrolment or Advanced Standing made on the basis of incorrect or / incomplete information.

Signature

Date

### UNIT ENROLMENT FORM CHECKLIST (INTERNAL USE ONLY)

Internal results statement

Approved by ESO:

Approved by Unit Coordinator:

Comments:

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