

Child and Adolescent Psychiatry Advanced Training Enrolment Form

PERSONAL INFORMATION

Title	Surname	Student No.
Given Names	Preferred Given Name	
Previous Surname	Date of birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M
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

Street Address		
Suburb	State	Postcode
Country	Home email	
Home Phone	Mobile Phone	Preferred <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Postal Address		

EMPLOYER ADDRESS

Employer/Organisation		
Street Address or PO Box		
Suburb	State	Postcode
Work email		
Preferred Mail Address: <input type="checkbox"/> Home <input type="checkbox"/> Employer	Preferred Email: <input type="checkbox"/> Home <input type="checkbox"/> Employer	

EMERGENCY CONTACT

Name	Phone No
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INDICATION OF SUPPORT NEEDS

Do you require special assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach a brief description

FINANCIAL INFORMATION

Course fees are being paid by: <input type="checkbox"/> Employer <input type="checkbox"/> Scholarship <input type="checkbox"/> Self <input type="checkbox"/> ABN	
If you would like to request an invoice in the name of an employer/organisation please provide the following information:	
Organisation/Employer Name	
Address	
Contact Phone	Contact Fax
Contact Email	

STUDENT DECLARATION

<input type="checkbox"/> I have read and agree to the terms outlined in the Student Fees Policy.	
Signature	Date

UNITS OF STUDY: *Please select your semester 1 and semester 2 units below*

YEAR 1	YEAR 2
<input type="checkbox"/> MEP001-Y1S1 Year 1 Semester 1	<input type="checkbox"/> MEP001-Y2S1 Year 2 Semester 1
<input type="checkbox"/> MEP001-Y1S2 Year 1 Semester 2	<input type="checkbox"/> MEP001-Y2S2 Year 2 Semester 2

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