



HETI HIGHER EDUCATION Psychiatric Medicine 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

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 3: COURSE OF STUDY

Psychiatric Medicine	
Study Level (select one degree or professional development option):	
<input type="checkbox"/> Graduate Certificate (Year 1)	<input type="checkbox"/> Graduate Diploma (Year 2)
<input type="checkbox"/> Non-Award Standalone Unit (Certificate of Attainment)	<input type="checkbox"/> Masters (Year 3)
Professional Development Option	
<input type="checkbox"/> Non-Award Post Graduate Course in Psychiatry (Certificate of Participation)	
<input type="checkbox"/> Non-Award Professional Development (Certificate of Participation)	
Specialisation (choose one):	
<input type="checkbox"/> Psychiatry <input type="checkbox"/> General Practice <input type="checkbox"/> Rural & Remote Medicine <input type="checkbox"/> Nil (if not one of the other options)	
<i>Please select your semester 1 and semester 2 units below</i>	
SEMESTER 1	
GRADUATE CERTIFICATE (YEAR 1)	
<input type="checkbox"/> 200101 Recovery Focused Psychiatric Medicine	<input type="checkbox"/> 200103 Collaborative Mental Health Care
<input type="checkbox"/> 200102 A Whole Person Approach to Psychiatry	<input type="checkbox"/> 200104 Introduction to Contemporary Psychiatric Interventions
GRADUATE DIPLOMA (YEAR 2)	
<input type="checkbox"/> 200201 Reconsidering the Context	<input type="checkbox"/> 200203 Developmental Perspectives in Context 1: from Perinatal to Youth
	<input type="checkbox"/> 200204 Developmental Perspectives in Context 2: Adults, Ageing and Beyond
<input type="checkbox"/> 200202 Integrating Physical and Mental Health	One Developmental Perspectives unit may be replaced with one of the following (non RANZCP trainees only):
	<input type="checkbox"/> 300204 Family-Oriented Care in Mental Health OR
	<input type="checkbox"/> 300205 Individual Therapies in Mental Health Care



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MASTERS (YEAR 3)

<input type="checkbox"/> 200301 Comorbidity and Complexity	<input type="checkbox"/> 200302 Psychotherapy and Recovery
<input type="checkbox"/> 300302 Research and Project Planning	<i>Elective</i> <input type="checkbox"/> 200303 Neurosciences and Recovery: From the Cellular to the Social OR <input type="checkbox"/> 300304 Mental Health Capstone

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

- 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 Fax: 02 9840 3838

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