

Kinesiology Schools Australia

K.S.A. Hervey Bay
12 Porter St
Hervey Bay, QLD 4655
Phone: 07 4128 4331

Kinesiology
Schools
Australia



ENROLMENT FORM

Course Name : Cert IV in Kinesiology / Diploma in Kinesiology

Venue : Hervey Bay

Course Preference:

Thursdays 9 - 3.30 pm

W/ends 9 - 5.30pm

Personal Details

Name: _____

(Title, First Name, Surname Name)

Home Address: _____

Town/City: _____

State: _____ PC: _____

Phone: _____ Fax: _____

Mobile : _____

Email: _____

Date Of Birth: _____ / _____ / _____ M / F

Emergency Details

Medical Practitioner

Name: _____

Phone: _____

Address: _____

Town/City: _____

State: _____ PC: _____

In case of an emergency I hereby authorise Kinesiology Schools Australia or any member of its staff (including contract staff) to call an ambulance on my behalf and/or send me to the appropriate medical practitioner. I accept that I will be responsible for any costs incurred.

Signed: _____

Employment Details

Current Position: _____

Organisation: _____

Postal Address: _____

Town/City: _____

State: _____ PC: _____

Phone: _____ Fax: _____

Email: _____

Next of Kin

Name: _____

Relationship: _____

Phone: _____

Mobile : _____

Address: _____

Town/City: _____

State: _____ PC: _____

Tell us a little about yourself: (Please attach another piece of paper if needed)

Why do you want to do this training? _____

Why do you believe Kinesiology Schools Australia should accept you as a student?

The following is not a prerequisite. It helps the lecturers plan their lessons.

Previous Kinesiology Experience or Training: _____

School level achieved: _____

Other Qualifications: _____

I intend to apply for **Recognition of Prior Learning (RPL)** YES NO (please circle)
If yes, circle all subjects you intend to request an RPL for: Clinical Safety, Business Administration, 1st Aid, A&P201, A&P301, Nutrition, Manage a Business, Mentoring, Research

PLEASE NOTE. Completion of Certificate IV is dependent on the participant attaining an up-to-date Senior First Aid Certificate. Please contact KSA for more information.

Payment Details

No payments will be accepted at the course **PLEASE NOTE:** Enrolment will not be accepted unless payment accompanies application form.

Cash / Cheque / Money Order / Direct Deposit / Credit Card (please circle): \$

- | | | |
|---|--|--|
| <input type="checkbox"/> Option 1
Payment of \$5000 in full | <input type="checkbox"/> Option 2
Deposit \$200 (with enrolment form)
Plus monthly instalments as per
Prospectus (\$5400 in total) | <input type="checkbox"/> Option 3
Payment of \$450
(only avail for BKP 101
& BKP 102) |
|---|--|--|

Details for credit card payments

Credit card payments incur 2% surcharge

I authorise Kinesiology Schools Australia to process the payment for the Certificate IV in Kinesiology.

Visa MasterCard

Cardholder's name _____ Card Number _____ - _____ - _____ - _____

Expiry Date: ____ / ____ Signature: _____ Date: _____

I hereby confirm that to the best of my knowledge the information on this application form is true and correct and that it is not misleading in any way.

Signed: _____ Date: / ____ / ____ / ____



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