

All fields in this form are mandatory and must be completed.

Complete all section in BLOCK LETTERS and ensure that you sign wherever necessary					
PERSONAL DETAIL	.S				
Title:	☐ Mr.	☐ Mrs.	☐ Miss	☐ Ms. ☐ O	ther
Family Name:					
First Name:				Middle Name:	
Gender:	☐ Female	☐ Male	☐ Other	Date of Birth:	
For students unde	r 18 years o	f age:			
Parent / Guardian Name:					
Email ID:				Telephone No:	
middle names. If y	ou do not ye	t have a USI d	and want IHNA	to apply for a USI	lent Identifier (USI), including any on your behalf, you must write your nt you choose to use for this purpose.
Have you got a cur		sion card	□ Yes □	No	
USUAL ADDRESS:	Do not use P	O Box and ac	lvise IHNA if you	u change your ada	ress during your course
Building / Propert Name:	у				
Flat / Unit Numbe	r:				
Street Number & Name:					
Suburb / City:				State:	
Zip / Postcode:				Country:	
Home Phone:				Work Phone:	
Mobile:				*Email:	
*On commencement of Training you will be required to use email to receive correspondence from IHNA and to use our online learning portal to access the resources and submit your assessments. Therefore, it is necessary to provide an email address"					

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POSTAL ADDRESS: (If	not same as above)				
Building / Property Name:					
Flat / Unit Number:					
Street Number & Name:		_			
Suburb / City:		State:			
Zip / Postcode:		Countr	y:		
UNIQUE STUDENT IDE	NTIFIER (USI)				
	t provide a valid USI to receive a nat complete your program.	ionally re	ecognise	ed VET quali	fication or statement of
Option 1 (Already hav	e USI) * All fields for this option are	mandato	ory		
\square I already have a US	a USI and I give IHNA permission to verify my USI. My USI is:				
	Ol	₹	_		
Option 2 (Creating ow	n USI)				
	SI. I will create my own USI account a broad reference or to enrolment into the course.	and provi	de my l	JSI to IHNA	along with permission to
IMPORTANT: To creat	e my own USI visit <u>http://www.usi.g</u>	gov.au/pa	ges/de	ault.asp	
Option 3 (IHNA to create USI - available only in the event you are unavailable to create your own USI)					
☐ I am unable to create my own USI and I authorize IHNA to create a USI on my behalf and that I have read the privacy information at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx . I have provided one of the following forms of personal identification.					
☐ Driver's License (/	Australian Passport				
☐ Citizenship Certifi	icate Australian Birth Certificate				
☐ Medicare Card		□ Oth	er		
(Contact IHNA for confirmation	n)				
Document Identificati	on Number:				
Country of Birth:		Town or	City of	Birth:	
IMPORTANT: For this service there will be a processing period of 1-3 business days.					

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COURSE DE	COURSE DETAILS				
Which cour	se are yo	ou applying for?			
Course Deli Mode:	I I I Face to tace I I Blended I				
NEXT OF KI	-	- ,	n we contact): For	students under tl	ne age of 18, this must be a Parent/
Full Name				Relationship	
Mobile				Telephone	
Address				Email	
All fields are	e manda	tory to complete.			
LANGUAGE	AND CU	JLTURAL DIVERSITY			
1. In whic	h countr	ry where you born?			
☐ Austi	ralia	\square Other - please	especify		
If not Austra	alian, yo	ur current residential s	tatus (Specify the ty	pe of visa):	
2. Do you	speak a	language other than E	nglish at home?		
(If more	than on	ne language, indicate th	ne one that is spoke	n most often)	
□ No, E	inglish o	nly \Box Yes, other – p	lease specify		
3. How we	ell do yo	u speak English?			
□ Very	well	☐ Well	☐ Not well	☐ Not	at all
Do you	meet the	e NMBA English Langua	age requirements?	☐ Yes	□ No
*Students applying for HLT54121-Diploma of Nursing must meet the NMBA English Language requirements prior to enrolling in the course. Refer to Page 8 for more details					
4. Are you	4. Are you of Aboriginal or Torres Strait Islander origin?				
(For per	rsons of l	both Aboriginal and Toi	rres Strait Islander o	rigin, mark both	'Yes' boxes.)
□ No		☐ Yes, Aborigina	al ☐ Yes, Torres	Strait Islander	

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DIS	DISABILITY						
5.	5. Do you consider yourself to have a disability, impairment, or long-term condition?						
	\square Yes \square No (If no, go to question 7)						
6.	-		cated the presence of a disability, impair	ment	or lor	ng-ter	m condition, please select the area (s) in
	the following list:						
	□н	earin	g/deaf \square Physical \square L	earni	ng		☐ Mental Health Condition
	□In	itelle	ctual \square Medical condition \square V	ision/			\square Acquired brain impairment
	□ 0	ther,	Please Specify				
SCH	HOOLI	NG					
7.	7. What is your highest COMPLETED school level? (Tick ONE box only)						
	\Box Year 12 or equivalent \Box Year 11 or equivalent \Box Year 10 or equivalent Year						
	\square 09 or equivalent \square Year 08 or below \square Never attended school					Never attended school	
8.	8. In which YEAR did you complete that school level?						
9.	Are y	ou s	till attending secondary school?	'es			No
PRI	VIOU	ıs Qu	ALIFICATIONS ACHIEVED				
10.	Have	you	SUCCESSFULLY completed any of the follo	owing	g quali	ficatio	ons? Yes No
If Y	ES, th	en tio	k ANY applicable boxes.				
Α-	Austr	alian	E - Australian Equivalent		I - Int	ternat	ional
Α	E	ı		Α	E	ı	
			Bachelor Degree or Higher Degree				Certificate III (or Trade Certificate)
			Advanced Diploma or Associate Degree				Certificate II
			Diploma (or Associate Diploma)				Certificate I
			Certificate IV (or Advanced Certificate / Technician)				Certificates other than the above

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EMPLOYMENT					
11. Of the following categories, which BEST of	describes your current employment status? (Tick ONE box only)				
☐ Full-time employee ☐ Employed - unpaid worker in a family business					
☐ Part-time employee	☐ Unemployed - seeking full-time work				
\square Self-employed - not employing others	☐ Unemployed - seeking part-time work				
\square Self-employed - employing others	\square Not employed - not seeking employment				
12. Which of the following qualification BEST never employed go to question 14 Option	T describes your current or recent occupation? (Tick one box only) If ns for this question are:				
☐ Managers	☐ Professionals ☐ Technicians and Trade Workers				
\square Community and Personal Service	\square Sales Workers \square Clerical and Administrative Workers				
\square Machinery Operators and Drivers	☐ Labourers ☐ Other				
13. Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If never employed go to Question 14 options for this question are:					
\square Manufacturing \square Mining	☐ Construction ☐ Wholesale Trade ☐ Retail Trade				
\square Agriculture, Forestry and Fishing	\square Electricity, Gas, Water and Waste Services				
\square Transport, Postal and Warehousing	\square Accommodation and Food Services				
\square Arts and recreation Services	\square Information Media and telecommunications				
\square Financial and Insurance Services	\square Rental, Hiring and real Estate Services				
\square Professional, Scientific and Technical S	ervices				
\square Public Administration and Safety	\square Education and Training				
\square Health Care and Social Assistance	☐ Other Services				
EMPLOYMENT					
14. Of the following categories, which BEST course/traineeship/apprenticeship? (Tick	describes your main reason for undertaking this k ONE box only)				
\square To get a job	\square To get a better job or promotion				
\square For personal interest or self - developr	ment To develop my existing business				
\square It was a requirement of my job	\square To start my own business				
\square I wanted extra skills for my job	\square To get skills for community/voluntary work				
\square To try for a different career	\square To get into another program of study				
☐ Other reasons					

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VICTORIAN STUDENT NUMBER

To be completed by all students aged up to 24 years.

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students must report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

Question							
Enter your Victorian Student Number (VSN)	No more questions if you provided your VSN.						
Have you attended		No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. No more questions if you answer No above.					
any Victorian school since 2009 or done any training with a vocational		Yes - I have attended a Victorian school since 2009: Most recent Victorian school attended and / or					
education and training (VET) registered training organization or an Adult and		Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organizations with which you have participated in training in Victoria since 2011 (List up to 3 training organizations)					
Community Education provider in Victoria since 2011?							
Funding/VET Studen	t Loar	 Eligibility					
Are you eligible for government funding			□ Yes	□ No			
Have you completed	the V	TG form	☐ Yes	□ No			
Are you eligible for V	ET Stu	ıdent Loan	☐ Yes	□ No			
Would you like to avail for VET Student Loan			☐ Yes	□ No			

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You would need to provide your TFN number for the ecaf application. For more details please visit https://www.education.gov.au/vet-student-loans

TUITION FEE PAYMENT							
Choose one of the payment plans below.							
☐ Full Fee Paying Student ☐ Skill First Funding	g	☐ DTWD Funding ☐ VET Student Loans					
If you have selected, Full Fee Payment student plea	ase se	lect from the be	elow.				
☐ Full Fee Paid Upfront ☐ Payment Plan							
*IHNA does not require students to pay in excess of \$1500 course fees must be paid as outlined in IHNA Fees policy.	*IHNA does not require students to pay in excess of \$1500 prior to the course commencement. However, the remainder of the course fees must be paid as outlined in IHNA Fees policy.						
(Please contact your admission consultant or custon	ner sei	rvice team on 18	800 22 52 83 for any 0	questions.)			
Please choose one of the following Fees payn	ment	☐ Pay at our	campus				
methods. Please use invoice number in all payn transactions. To finalize the enrolment quickly		☐ Using Cred	dit card				
recommended you include a copy of the deposit receipt with this enrolment form.		Credit Card Au	thorization				
☐ Bank transfer Bank Details		Cardholders					
		Name:					
Bank: ANZ Heidelberg, Victoria, Australia.		Card					
Account Name: Institute of Health & Nursing Australia BSB No. 013-313 Account No. 197 452 667.		Number:					
		Credit card type:	☐ Master Card	□v	'isa		
		Expiry Date:		CVV No:			
Pay Online from our website https://www.ihna.edu.au/pay-online/		to process payr	Institute of Health a ment/s against the cro ply @ 1.50%) as set	edit card (Cr	edit card		
Signature:		Date:					
For students under 18 years of age:							
Parent / Guardian Name:							
Telephone No: Email	I ID:						

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☐ Direct Debit*							
Please provide for	ollowing details						
Name of Account Holder		BSB No					
Accno		Date you want to sta the direct debit	rt				
-	nrolment is finalised quickly, it is recomme r as quickly as possible.	nded to sign and sent t	ne direct debit form to the				
*For direct debit of any direct inst	administration charges & fees apply. Disho allment.	nour fee of AUD 20/- is	applicable in case of dis-honour				
VET Student Enr	olment Privacy Notice						
Training Reform	's collection and handling of enrolment d Act 2006 (Vic). The Department is also authors Act 2014 (Cth) and the Student Identifiers	orised to collect and ha	ndle USIs in accordance with the				
Survey participa	tion						
•	acted to participate in a survey conducted by your training. This provides valuable feed	•	• •				
Please note you	may opt out of the NCVER survey at the tim	e of being contacted.					
Consequences o	f not providing your information						
· · · · · · · · · · · · · · · · · · ·	e your personal information may mean th n Government VET subsidy	at it is not possible fo	you to enrol in VET and/or to				
Access, correction	n and complaints						
_	nt to seek access to or correction of your ov acy has been breached.	wn personal informatio	n. You may also complain if you				
For further infor	mation, please contact IHNA's Privacy Office	er in the first instance b	y phone [#] or email [#].				
Further informa	ion						
For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to http://www.education.vic.gov.au/Pages/privacypolicy.aspx .							
For further information about Unique Student Identifiers, including access, correction and complaints, go to http://www.usi.gov.au/Students/Pages/student-privacy.aspx .							
☐ I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.							
Student Signature	Parent/Guardian Signature*						
Date	D	ate					
*Parental/guardian consent is required for all students under the age of 18.							

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NMBA English Language Requirement

From 1 July 2018 all students that would be required by the NMBA to provide a formal English language skills test when applying for registration, must provide a formal English language test result demonstrating achievement of the NMBA specified level of English language skills, prior to commencing the program as below:

Has attended and satisfactorily completed at least six years of primary and secondary education taught and assessed in English in
either Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of America, including at
least two years between years 7 and 12 [NB: At the time of applying for NMBA registration as a program graduate: the applicant
will have completed an NMBA approved Enrolled Nurse program and will therefore have a qualification that has been taught and
assessed solely in English.]

OR

At the time of applying for NMBA registration as a program graduate, the applicant will be able to demonstrate having completed
5 years (full time equivalent) of studies taught and assessed in English – that includes a combination of secondary, vocational or
tertiary studies (or tertiary education alone) and evidence of a minimum of one year fulltime equivalent pre-registration program
of study approved by the recognised nursing and/or midwifery regulatory body in either Australia, Canada, New Zealand, Republic
of Ireland, South Africa, United Kingdom or United States of America.

OR

- Has formal English language test score results showing:
 - > an IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).
 - **NOTE:** Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: achieved a minimum overall score of 7 in each sitting and achieved a minimum score of 7 in each component across the two sittings, and no score in any component of the test is below 6.5. **OR**
 - an OET with a minimum score of B in each of the four components (listening, reading, writing and speaking).
 - **NOTE:** Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: was tested in all four components in each sitting, and achieved a minimum score of B in each component across the two sittings, and no score in any component of the test is below C. **OR**
 - ➤ a PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).
 - **NOTE:** Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: a minimum overall score of 65 is achieved in each sitting, and you achieve a minimum score of 65 in each of the communicative skills across the two sittings, and no score in any of the communicative skills is below 58. **OR**
 - a TOEFL iBT with a minimum total score of 94 and the following minimum score in each section of the test: 24 for listening,24 for reading,27 for writing, and23 for speaking.
 - **NOTE:** Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: a minimum total score of 94 is achieved in each sitting, and you achieve a minimum score of 24 for listening, 24 for reading, 27 for writing and 23 for speaking across the two sittings, and no score in any of the sections is below: 20 for listening19 for reading24 for writing, and20 for speaking. **OR**
 - > other English language test approved by the NMBA as published on the Board's website with the required minimum scores.

Unique Student Identifier Privacy Notice and Privacy Policy

Privacy Notice

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI:

- is collected by the Student Identifiers Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts.

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All fields in this form are mandatory and must be completed.

- may be disclosed to:
 - > Commonwealth and State/Territory government departments and agencies and Statutory bodies performing functions relating to VET for:
 - The purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
 - o Education related policy and research purposes; and
 - o To assist in determining eligibility for training subsidies.
 - VET regulators to enable them to perform their VET regulatory functions
 - > VET Admission Bodies for the purposes of administering VET and VET programs
 - Current and former Registered Training Organizations to enable them to deliver VET

Courses to thee individual meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies:

- Schools for the purposes of delivering VET courses to the individual and reporting on these courses;
- The national Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving
 problems with USIs and for the collection, preparation and auditing of national VET statics;
- · Researchers for education and training related research purposes;
- Any other person or agency that may be authorized or required by law to access the information;
- Any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without their consent unless authorized or requires by or under law.

USI Privacy policy

Student Checklist

You can find further information on how the Student Identifiers Registrar collect, use, disclose and store personal information including sensitive information in Student Identifiers Registrar's Privacy Policy. The registrar's Privacy policy contains information about how you may access and seek corrections of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

□ Selected payment option □ Attached copy of Green Medicare/ Concession card. □ Attached Copy of Photo ID and Age Proof (Passport, Driver's Licence, etc.) □ Attached copy of proof of residence. □ Signed this form. □ Attached copies of your previous academic qualifications. (if applicable) □ Completed Funding Application form. (if applicable) □ For student under the age of 18, parent/ nominated guardian has signed this form □ For students applying for HLT54121-Diploma of Nursing, attach relevant evidence for meeting NMBA English Language Requirements (refer to page 8 for more details)

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DECLARATION

- I have read and understood the student handbook and the course Brochure (available at www.ihna.edu.au)
- I am aware of all course details, units of competencies, duration, mode of delivery and fees for the course I am enrolling in.
- I would like to apply for enrolment with IHNA and agree to be bound by the policies and procedures set out by IHNA and I agree to maintain good and proper behaviour for the duration of my training. I understand my enrolment can be suspended or cancelled by the breach of IHNA policies and procedures, use inappropriate behaviour, or endanger myself or others.
- I declare that the information I have provided in this application is true and correct.
- · I acknowledge and agree to the terms described in privacy statement including the USI privacy policy
- I have received the Course Handbook for students. I have fully advised the assessment processes involved in the course including the work experience placement and I acknowledge that I am willing to be assessed. I am aware that the Course Handbook is available on the Student Portal
- I have read and understood the work experience placement assessment section in the Course Handbook for students. Work experience placement (if it is a part of the course) will be arranged by IHNA with its preferred partners and specific requirements like Australian National police clearance, immunization (if required), WWCC (if applicable) should be met by the students before the placement.
- I have read and understood the course extension, refund, withdrawal, deferral, credit transfer and RPL policy published in IHNA
 website and Course Handbook (http://www.ihna.edu.au/policydocuments/listing)
- I am obliged to advise IHNA of my residential address in Australia, and advise any change in my address during the period I am enrolled in the course/s. This can be done through IHNA online portal "Student Hub"
- I am aware that it is a requirement of the VET Quality Framework that students can access personal information held by the Institute. Accordingly, if I wish to correct or update information, I shall apply to IHNA if I wish to review my own records.
- I understand that enrolling in this qualification and availing the relevant state funding, may affect student's future training options and the eligibility for further government subsidised training.
- I agree that the Institute reserves the right to change the particulars of the services, including changes to prices, courses, facilities and dates of programs where circumstances beyond the Institute's control necessitate such a change.
- I understand that all soft and hard copies of lessons and/ or any related material supplied by IHNA are copy-right, and any unauthorized copying is prohibited.

As a registered training organisation (RTO), IHNA collects your personal information so we can process and manage your enrolment in a vocational education and training (VET) course(s) with us. If you do not provide the required information as, we will not be able to enrol you as a student.

Please refer to our Privacy Policy for more details.

Applicant's Name:		
For students under 18 years of age:		
Parent/Guardian Name:		
Signature:	Date	

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All fields in this form are mandatory and must be completed.

ABOUT IHNA						
How did you hear about IHNA?						
☐ Online		Please Specify:				
☐ Friend/ Relative		Please Specify:				
☐ Magazine/Advertiseme	ent					
□ Other		Please Specify:				
☐ Refer a friend scheme		Please Specify:				
I agree that IHNA can take n promotional purposes.	ny photo, video footage, deta	ils, achievements and feedba	ck that may be used for			
☐ Agree [☐ Do not agree					
I agree to receiving marketing me of IHNA's offers for other	ng materials such as emails, n er courses etc.	ewsletters etc. from IHNA for	the purpose of notifying			
☐ Agree [☐ Do not agree					
FEEDBACK:						
Can you suggest any improv	vements to our pre-enrolmer	nt information, application/e	nrolment process?			
Please submit the completed a	application form by e-mail or pos	t to:				
Email: enquiry@ihna.edu.au						
Post:	alth and Niverina Aveteria					
To: Admissions, Institute of He			p. 11 cpp			
Melbourne CBD Level 6, 131 Queen Street, Melbourne, VIC - 3000, Australia	Melbourne CBD Level 4 and 10, 399 Lonsdale Street, Melbourne, VIC - 3000, Australia	Melbourne Heidelberg 597-599 Upper Heidelberg Road, Heidelberg Heights, VIC 3081, Australia	Perth CBD Level 2 and 4, 12 St Georges Terrace, Perth, WA – 6000, Australia			
Sydney	Brisbane	Our Corporate office				
Level 7, 33 Argyle Street, Parramatta, NSW 2150, Australia Level 3, 59, Adelaide Street, Brisbane, QLD - 4000, Australia North Melbourne Level 2, 187 Boundary Road, North Melbourne, VIC - 3051						
If you have any questions pleas	se feel free to contact IHNA at					
Email: enquiry@ihna.edu.au	Felephone: 1800 22 52 83					

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All fields in this form are mandatory and must be completed.

For C	Office Use Only:					
	Confirmed all sections of application form are complete					
	USI collected /Created and verified					
	Checked and approved student funding	and/or VET Student Loan (If applica	able)			
	☐ Eligible for funding ☐ Eligible	for VET Student Loan	ccessed VET Student Loans			
	Completed LLN test					
	Created Wise net ID:					
	Checked and approved the payment pla	n				
	Confirmed the initial deposit for the con	nmencement of the course has bee	n received			
	Assessed and finalized RPL/Credit Transfer and informed change in fee to the accounts					
	Sent confirmation letter with Academic Hub details to the students					
Staff	aff Name Date Signature					

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