

# Australian School of Remedial Therapies

Sub-Division of Chi-Chinese Healing College Pty Ltd.  
**Registered Training Organisation (RTO) under AQTF**  
 NTIS Provider No: 91113  
 ABN: 79 059 317 289

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## 2011 HLT50307 Bridging Course Registration Form

<b>NAME</b>	<b>ADDRESS</b>
Family Name:	Number & Street:
Given Name:	Suburb/Town:
Company/Employer Name:	State: <span style="float: right;">Post code:</span>
<b>DATE OF BIRTH &amp; GENDER</b> _____ / _____ / _____      Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>CONTACT NUMBERS</b> Tel: (H) _____ Tel: (W) _____ Mob: _____ Emergency Contact: _____
<b>Email Address:</b> _____	
<b>Do You have special needs/language requirements?</b> _____ <b>If yes, please specify</b> _____	
<b>QUALIFICATIONS</b> List any qualifications achieved relevant to the enrolled course _____ _____ _____ _____ _____ _____	<b>ARE YOU APPLYING FOR RECOGNITION OF PRIOR LEARNING?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>List any relevant Industry Experience to the course:</b> _____ _____ _____ _____
<b>COURSE DETAILS:</b>	
NAME OF COURSE:    DIPLOMA OF REMEDIAL MASSAGE	COURSE CODE HLT50307
COURSE LOCATION:    STRATHFIELD	

**PRIVACY NOTICE AND APPLICANT DECLARATION**

The information provided by you in this application form will be used by CCHC for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governmental agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in a CCHC course. I consent to CCHC obtaining all personal information necessary for the purpose of my application and course. Information provided will be held securely. Refer to CCHC's Privacy Policy for further information. By signing this form I understand and will adhere to CCHC and NSW Department of education and Training policies.

**Participant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		STUDENTS ID No:	
START:	END:	REGISTRATION FEE: \$	INVOICE/RECEIPT No:
ACCEPTED:      YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE:	STAFF SIGNATURE:	