



Australian School of Remedial Therapies

Chi-Chinese Healing College Pty Ltd.
Registered Training Organisation (RTO)
 Training Provider No: 91113
 ABN: 79 059 317 289

PO Box 118, Strathfield NSW 2135
 Email: admin@asrt.edu.au
 Tel: 02 97632388 / 0416286899

please adhere your
photo here

STUDENTS REGISTRATION FORM

Diploma of Remedial Massage – HLT52015
 Diploma of Traditional Chinese Medicine (TCM) Remedial Massage – HLT52115
 Certificate IV in Massage Therapy – HLT42015

Family Name:	Current Address:
Given Name:	
Preferred Name:	State: Post code:
Date of Birth & Gender: ____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Email Address:
Occupation:	Phone Contacts:
Identity verification: (100 Points of identification) 70 Points: Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> 40 Points : Driver License <input type="checkbox"/> Others:	Mob: _____ Tel: (H) _____ Tel: (W) _____
USI:	Emergency Contact & Name:
Do You have special needs requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify _____	Reason of Study:
PREVIOUS QUALIFICATIONS/ INDUSTRY EXPERIENCE: List any qualifications achieved relevant to the enrolled course _____ _____ _____ _____ _____	<input type="checkbox"/> 01 - To get a job <input type="checkbox"/> 02 - To develop my exiting business <input type="checkbox"/> 03 - To start my own business <input type="checkbox"/> 04 - To try for a different career <input type="checkbox"/> 05 - To get a better job or promotion <input type="checkbox"/> 06 - It was a requirement of my job <input type="checkbox"/> 07 - I wanted extra skills for my job <input type="checkbox"/> 08 - To get into another course of study <input type="checkbox"/> 09 - Personal interests or self-development <input type="checkbox"/> 10 - Other reason
COURSE DETAILS: NAME OF COURSE: HLT52015 DIPLOMA OF REMEDIAL MASSAGE CAMPUS LOCATION: 18A Margaret St. Strathfield NSW 2135	

PRIVACY NOTICE AND APPLICANT DECLARATION:

The information provided by you in this application form will be used by ASRT for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governmental agencies that accredit this course. The provision of this information is essential to determine your eligibility for a place in an ASRT course. I consent to ASRT obtaining all personal information necessary for the purpose of my application and course. Information provided will be held securely. Refer to ASRT's Privacy Policy in the ASRT Student Handbook at www.asrt.edu.au for further information.

By signing this form acknowledge that I have read and agree to adhere to policies and procedures in the ASRT Student Handbook at www.asrt.edu.au

Applicant's Signature _____ **Date** _____

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