



Australian School of Remedial Therapies

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

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please adhere your
photo here

COURSE REGISTRATION FORM

Diploma of Remedial Massage HLT52021
Advanced Diploma of Myotherapy 22316VIC
Diploma of Traditional Chinese Medicine (TCM) Remedial Massage HLT52115

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I acknowledge that I have read, understood and agree to adhere to the policies and procedures in the ASRT Student Handbook found at www.asrt.edu.au

I understand that the RTO the Australian School of Remedial Therapies (ASRT) is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by this RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.

Student Signature: _____ Date _____

Parent/Guardian Signature*: _____ Date _____

*Parental/guardian consent is required for all students under the age of 18.

Personal Details

1. Enter your full name *

Family name (surname) _____

Given names _____

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names

2. Enter your birth Date

Day/month/year | | |

3. Gender (Tick ONE box only)

Male

Female

Other

4. Enter your contact details

Mobile _____ Work phone _____

Email address _____

5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post-office box).

Building/property name _____

Flat/unit _____

Street or lot number _____

Street name _____

Suburb _____

State/territory _____

Postcode _____

What is your postal address (if different from above)?

Building/property name
Flat/unit
Street or lot number
Street name
Postal delivery information
Suburb
State/territory
Postcode

Language and cultural diversity

6. In which country where you born?

Australia	<input type="checkbox"/> 1101
Other – please specify	

7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only	<input type="checkbox"/> 1201
Yes, other – please specify	

8. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

Disability

9. Do you consider yourself to have a disability, impairment or long-term condition?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N No – Go to question 12

10. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:
(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/> 11
Physical	<input type="checkbox"/> 12
Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16
Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Other	<input type="checkbox"/> 19

Schooling

11. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02 Never completed any primary or secondary level education – go to question 14

12. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y	No	<input type="checkbox"/> N
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Previous qualifications achieved

13. Have you SUCCESSFULLY completed any of the qualifications listed in question 14?

Yes Y

No N **No – go to question 16**

14. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990

Employment

15. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Self employed – employing others	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

Study Reason

16. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

Unique Student Identifier (USI)

ASRT can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

17. Enter your Unique Student Identifier (USI) (if you already have one. If not, you can apply one through www.usi.gov.au)

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