

# Kinesiology Schools Australia

K.S.A. Byron Bay  
28 Seaview St  
Byron Bay, NSW 2481  
Phone: 02 6685 7991

Kinesiology  
Schools  
Australia



## ENROLMENT FORM

Course Name: **Diploma in Kinesiology – HLT 52415**

Venue : **Byron Bay**

### 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, A&P 1, A&P301, Nutrition, Manage a Business, Mentoring, Research, Senior First Aid Certificate, Communication

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

**Where did you hear about us?**

- Internet
- Living Now Magazine
- Newspapers
- Yellow Pages
- Other \_\_\_\_\_

### **Course Payments 2016 - Byron Bay KSA Campus**

**PLEASE NOTE:**

*Enrolment will not be accepted unless payment accompanies application form.*

Cash / Cheque / Money Order / Direct Deposit / Internet Banking (please circle):

- Option 1. pay \$21,000. save \$600**  
**1500 Plan** - available only when course starts  
Deposit \$3,000, 12 payments of \$1,500 bi-monthly

- Option 2. pay \$21,600**  
**600 Plan**  
Deposit \$1,200, 34 payments of \$600.

- Option 3. pay \$22,200**  
**Part-time Plan, over 4 years**  
Deposit \$600, 48 payments of \$450

Please direct any queries to Veda Turner  
02 6685 7991 or byronkinesiology@gmail.com

**Payments can be made by:**

**Cheque:** payable to Kinesiology Schools Australia,  
28 Seaview St, Byron Bay NSW 2481

**Direct deposit** at a Commonwealth Bank branch,  
BSB 064124, account no. 10211194 – please advise teller to state  
your name as reference

**Internet banking** – Kinesiology Schools Australia, BSB 064124,  
account no. 10211194 – please note your name as reference  
or call us for an invoice number.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Byron Kinesiology Centre - 28 Seaview St, Byron Bay NSW 2481  
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