



Psychosomatic Therapy College

Registered Training Organisation Provider Number : 31117

Enrolment Form

Administration Centre
14 Billabirra Crescent
Nerang Qld 4211
Australia

Phone: 07 55004768
Fax: 07 55783822

www.psychosomatictherapy-college.com.au
admin@aibmapt.com.au

10484NAT Certificate III in Psychosomatic Therapy

Please use BLOCK letters and print details in full

Title : _____ Family Name : _____

Given Name/s : _____ Student No: _____

Date of Birth : _____ Male Female

Address : _____

Suburb : _____ State : _____ Post Code : _____

Telephone : Home: () _____ Work: () _____

Mobile: _____ Fax: () _____

Email: _____

Emergency Contact Details: (Name and Telephone)

CODE NO:	COMPETENCY	Office use only
LEVEL 1		
PYTOPA301A	Work within a psychosomatic therapy framework - 1 day	
PYTOPA302A	Plan the psychosomatic therapy analysis session - integrated in all analysis subjects	
PYTOPA303A	Perform psychosomatic therapy face analysis - 1 day	
PYTOPA304A	Perform psychosomatic therapy bodymind analysis - 2 day	
	Body Mind Analysis - Feet, Limbs and Joints - 1 day	
PYTOPA305A	Perform psychosomatic therapy hand analysis - 1 day	
LEVEL 2	Prerequisite Level 1	
PYTOPA306A	Perform psychosomatic therapy emotional anatomy analysis - 1 day	
PYTOPA307A	Apply psychosomatic diagnostic framework - 1 day	
PYTOPA308A	Perform bodywork within a psychosomatic therapy framework - 1 day	
PYTOPA309A	Apply reflective practice in psychosomatic therapy role - 1 day	
HLTCOM404C	Communicate effectively with clients/patients - included	
HLTHIR506C	Implement and monitor compliance with legal and ethical requirements	
	Total Fee for 10484NAT Certificate III in Psychosomatic Therapy \$3,750	

The Psychosomatic Therapy College has a policy and procedure on student refunds which can be viewed as per the student handbook provided to you.

IDENTITY VERIFICATION

For privacy protection, it is necessary to store a password for access of your personal information. This will enable the organisation to verify your identity via the phone. Please supply a password up to 10 characters.
Password: _ _ _ _ _

Do you have any issues you might like to disclose so that we can offer you support, ie. sight impairment, English language and literacy, hearing loss, other disability or if wheel chair access is required, etc?

Please circle: yes/no

STUDENT DECLARATION : I hereby certify that the particulars herein are correct and I agree to abide by the organisation's RTO policies and procedures and acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.

Applicant Signature: _____ Date: _____

PAYMENT METHOD:

Direct Debit NAB, Nerang, Queensland
BSB: 084 852 Account No: 39 524 4279
Account Name: Arcstar Holdings Pty Ltd
Ref: _____

Cheque Attach to this Registration Form (payable to Arcstar Holdings Pty Ltd)
only Australian cheques

Credit Card: Mastercard Visa

 Expiry Date: ____/____

Name on Credit Card: _____

Minimum deposit to be paid : \$ 1,125 plus 3 monthly instalments of \$875

Deposit received: Date received: Method:

Training location: _____

Training dates: _____

Referring Teacher or Student's Name: _____