



Australasian Institute of Body-Mind Analysis and Psychosomatic Therapy

Registered Training Organisation Provider Number: 31117

Administration Centre
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Nerang Qld 4211
Australia

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Enrolment Form

30788QLD 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)

Please place a tick in the boxes beside the units in which you wish to enrol :-

CODE NO:	COMPETENCY	Tick if applying	Fee
LEVEL 1			
PSCHO1A	Orientation to Psychosomatic Assessment - 1 day		\$325
PSCHO2A	Conduct and perform analysis of personality potential characteristics in the face - 1 day		\$325
PSCHO3A	Conduct and perform analysis of personality potential characteristics in the body and mind - 2 day		\$650
	Body Mind Analysis - Feet, Limbs and Joints - 1 day		\$325
PSCHO4A	Conduct and perform analysis of personality potential characteristics in the hand - 1 day		\$325
LEVEL 2	Prerequisite Level 1		
PSCHO5A	Conduct and perform analysis of personality potential characteristics in emotional anatomy - 1 day		\$325
	Emotional Anatomy - Emotional Release bodywork - 1 day		\$325
PSCHO6A	Promote and perform specific psychosomatic assessment - 1 day		\$325
	Recognising Psychosomatic Diseases - 1 day		\$325
HLTCOM404B	Communicate effectively with clients/patients - included		
	Total Fee for 30788QLD Certificate III in Psychosomatic Therapy		\$3,250

Sign up for the full 10 day Certificate III prior to commencement and pay only \$2,500

The Institute 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: 57093 2141 Account Name: AIBMAPT
Ref: _____

Cheque Attach to this Registration Form (payable to AIBMAPT)

Credit Card: Mastercard Visa

 Expiry Date: ____/____

Name on Credit Card: _____

Deposit being paid: \$ _____ OR Full Amount being paid: \$ _____

PAYMENT PLAN:

If accepted by AIBMAPT for time to pay course fees, a minimum deposit of 30% is to be paid prior to or on commencement date of training. Full balance of payment **MUST** be completed within 3 months of start date.

Training Location: _____ Dates of Training: _____

Referring Teacher or Student's Name: _____