



MiCBT
INSTITUTE

ENROLMENT FORM

Vocational Graduate Diploma in
Mindfulness-integrated Cognitive Behaviour Therapy
Course Code: 69791

277 Macquarie St
Hobart, Tasmania 7000
www.mindfulness.net.au
RTO Code: 60174



NATIONALLY RECOGNISED
TRAINING

Instructions:

Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

1 PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Family Name: _____

Given Names: _____

Residential Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Email: _____

Date of Birth _____ Gender: _____

Emergency/Next of Kin Contact Details: Name _____ Phone: _____

2 EMPLOYMENT DETAILS

Business Name: _____ Start Date: _____

3 LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

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

Were you born in Australia? _____ If not, please specify? _____

Are you an Australian citizen? _____ If not, please specify? _____

Do you speak a language other than English at home?

<input type="checkbox"/>	No, English only <i>(Go to disability section)</i>
<input type="checkbox"/>	Yes, other – please specify

How well do you speak English? Very Well Well Not well Not at all

4 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

<input type="checkbox"/>	No	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Hearing/Deaf	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Other	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Acquired Brain Impairment

5 EDUCATION

What is your highest completed school level? In which year did you complete that school level

<input type="checkbox"/>	Completed year 12	<input type="checkbox"/>	Completed year 11	<input type="checkbox"/>	Completed year 10
<input type="checkbox"/>	Completed year 9 or equivalent	<input type="checkbox"/>	Completed year 8 or lower	<input type="checkbox"/>	Did not go to school

Are you still attending secondary school? Yes No

Have you successfully completed any of the following qualifications?

<input type="checkbox"/>	Yes <i>(please tick ANY applicable boxes)</i>	<input type="checkbox"/>	No <i>(Go to the Employment section)</i>
<input type="checkbox"/>	Bachelor Degree or Higher Degree	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	Certificates other than the above

6 EMPLOYMENT

Of the following categories, which best describes your current employment status? *(Tick ONE box only)*

<input type="checkbox"/>	Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business
<input type="checkbox"/>	Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work
<input type="checkbox"/>	Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not employed – not seeking employment

7 STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course? *(Tick ONE box only)*

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

8 RECOGNITION OF PRIOR LEARNING

Do you wish to apply for Recognition of Prior Learning? Yes No

If Yes, we will send you an RPL Application Kit.

9 TRAINING AND PROFESSIONAL EXPERIENCE

I am currently studying or working in one of the following health professional areas (*Tick ONE box only and provide evidence, eg. AHPRA registration, University Student Card*)

<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Counselling
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Other (<i>Please specify</i>).....		

If you are NOT currently studying or working in one of the above professional areas, but have done so in the past, please provide details:

Your affiliation (*eg. Company/Service/University/Agency*):

Your principal role, activities and responsibilities:

Brief history of professional experience:

Briefly describe your motivation for enrolling in the Course:

10 REFEREES

Please provide name and contact details of 2 Referees (*Our admin staff may contact either or both referees*)

Referee 1

Referee 2

Name:

Name:

Professional Qualification

Professional Qualification

Phone No.

Phone No.

Relationship to applicant:

Relationship to applicant:

11 REFUNDS AND CANCELLATIONS

Cancellations must be notified in writing. Cancellations received 2 weeks before the commencement of a module will receive a full refund less \$250 Administration Fee. Only in exceptional circumstances will refunds be given after that date.

In the unlikely event a module is cancelled by the organisers, enrolment fees will be fully refunded. No liability will be accepted for travel, accommodation or other costs/expenses incurred to students.

12 FEE SCHEDULE 2011/2012

MODULE FEE: (AUD)

MODULE 1: <i>Foundation</i>	\$2700
MODULE 2: <i>Applied</i>	\$2700
MODULE 3: <i>Retreat</i>	\$2700

A payment of \$500 is required to secure and complete your enrolment. This is deducted from the total module fee.

The options available for paying the remaining balance are:

- Pay in full (credit card/cheque/cash)

OR

- Pay by 4 fortnightly instalments of \$550 each per module.

IMPORTANT

Overdue invoices are liable for a late payment fee of \$20.

Invoices outstanding after 45 days will incur collections and enforcement costs at cost (minimum of \$50 per month).

Student results will be withheld if any invoice amount payable is outstanding.

Fees for modules must be paid in full before a student can commence the next module of the program.

RECOGNITION OF PRIOR LEARNING FEE: (AUD)

Applicants who are able to provide satisfactory evidence that they have achieved the required unit of competency or competencies may progress through the course with an exemption for the RPL units.

MODULE 1: a non-refundable assessment fee of \$240/unit

MODULE 2: a non-refundable assessment fee of \$910/unit

MODULE 3: a non-refundable assessment fee of \$625/unit

Recognition of Prior Learning (RPL) fees are payable prior to assessment and are not refundable if recognition is not granted. The decision to approve RPL for a unit will depend on the student's ability to show evidence of current competencies and rests with the Accreditation Board.

13 APPLICATIONS

Applications can be submitted at any time and RPL is available throughout the year.

I AM ENROLLING IN *please tick (See website for course codes and dates and write below)*

- MODULE 1 Foundation Course: CS**.....
- MODULE 2 Applied Course: CS**.....
- MODULE 3 Residential Retreat RR:**.....

I AM PAYING THE ENROLMENT FEE OF \$500 BY *(please tick)*

- Cheque:** Payable to MiCBT Institute
- Direct Deposit:** A/C Name: MiCBT Institute BSB: 067 102 Account No: 1029 2503
Please quote your name, this will help us allocate your payment correctly.
- Credit Card**

Credit Card Authorisation Form

I authorise MiCBT Institute to debit from my card the amount of \$500.

Cardholders Name:.....

Card Number:.....

Expiry Date:.....

Type of card: Visa MasterCard

Signature:.....

I WILL PAY THE BALANCE OF \$2200 *(please tick)*

- In full**
- In 4 fortnightly payments of \$550**

OR

- Contact the MiCBT Institute for instalment options (if enrolling in more than 1 module).**

Please complete this form including additional paperwork as requested and post, fax or email to:

MiCBT Institute
PO Box 357
South Hobart TAS 7004
Phone: (03) 6224 7707 Fax: 03 6224 8449 Email: admin@mindfulness.net.au

14 DECLARATION

I certify that all details provided on this form are correct. I understand that the information may be subject to verification by the MiCBT Institute and I consent to that occurring.

Signed: _____ Date: _____