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**APPLICATION FOR ENROLMENT
CHILDREN'S YOGA TEACHER TRAINING**

Please forward your completed form to the Registrar at Health Institute Australia's address

Today's Date: _____ (dd/mm/yyyy)

PERSONAL DETAILS

Given Name: _____ Family Name: _____

Email: _____ Phone: _____

Address: _____

Date of Birth: _____ Gender: _____ Age: _____

Country of Birth: _____ Nationality: _____

EDUCATION

Name of highest Qualification: _____

Name of Institution: _____ Year Completed: _____

Do you have any Yoga YES NO Teaching YES NO &/or Assessing background? YES NO

If 'YES' please provide details:

School/s: _____

Teacher/s: _____

Years and Proficiency: _____

MEDICAL

Are you under medical attention at the present time? YES NO

If 'YES' please provide details: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

A non-refundable enrolment fee of AUD \$250.00 is to be paid on submission of this form

BANK DETAILS

MASTERCARD VISA EFTPOS Amount to be debited: _____

Card Number: _____ Expiry Date: _____ / _____

Card holder Name: _____ Signature: _____

This application is NOT valid unless signed and dated. Students under 18 require a signature of one parent.

SIGNATURE

I certify that the information provided on this form is true and correct, and I agree to abide by the terms and conditions of Health Institute Australia Pty Ltd as outlined in this application and the Local and International Student Manual, including the refund policy, of which I have read and understood.

Please print your name: _____ Signature of Applicant: _____

Signature of Parent/Guardian: _____

(if applicant is under 18 years of age)

Date: _____