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### APPLICATION FOR ENROLMENT

#### WHAT'S IT ALL ABOUT- THE YOGA SUTRAS

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: \_\_\_\_\_