



The Sydney College of Homeopathic Medicine and Echoes Flex-e-Learning

Enrolment Form 2008

The Sydney College of Homeopathic Medicine,
Devonshire House,
2/139 Alexander St,
Crows Nest, NSW 2065,
Australia

Phone: +61 (02) 9437 9857
Fax: +61 (02) 9437 9236
Email: schm@homeopathycollege.com
Website: www.homeopathycollege.com.au

Welcome to The Sydney College of Homeopathic Medicine.

Please read the instructions below carefully before you complete this Enrolment form.

INSTRUCTIONS

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our College. Please fill in the form properly by:

- Completing all sections of the form.
- Printing your answers clearly in pen, or by ticking the box that applies for multi-choice questions.
- Signing the form.
- Attaching to the form the required documentation as listed on page 3 of the form.

A QUALIFICATION			
1	Please write the name of the qualification you wish to enroll for 2008:		<i>Office Use</i>
	Qualification Start date:		
	Qualification End Date:		
2	Have you studied at this College before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answered "yes", what was your ID number?		
3	Please indicate the courses you wish to study in 2008 by ticking the appropriate box below :		
	Year One Foundation Course (1 st year of Advance Diploma of Homeopathy)		
	<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning
	Year Two of the Advanced Diploma of Homeopathy		
	<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning
Year Three of the Advanced Diploma of Homeopathy			
<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning	
Year Four of the Advanced Diploma of Homeopathy			
<input type="checkbox"/> Attending	<input type="checkbox"/> Echoes AU flex-e-learning	<input type="checkbox"/> Echoes International flex-e-learning	

B PERSONAL DETAILS	
4	Print your full legal name:
	<i>Family Name:</i> <i>Given Name(s):</i>
5	Preferred first name:
	Previous name(s) known by:

6	If you have previously enrolled at this College under another name, what was that name?					
7	Preferred title:	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (Specify):
8	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	9	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		day month year				
10	Citizenship and Residency: You may need to supply evidence of residence or citizenship	Tick the box which best describes your citizenship or permanent residency status. Australian Citizen <input type="checkbox"/> AUS New Zealand Citizen <input type="checkbox"/> NZ Australian Permanent Resident <input type="checkbox"/> AUSP Other <input type="checkbox"/> Please specify if "Other": _____ (For students with dual citizenship, specify the country of citizenship of the passport used to enter Australia.) If you ticked "Other", please also specify any fee/assistance status if applicable. _____ During your time studying in this qualification will you be resident in Australia or overseas? In Australia <input type="checkbox"/> Overseas <input type="checkbox"/>				
11	Prior activity:	What was your MAIN activity or occupation in Australia at 1 October 2007? You may tick only one box. Secondary school student <input type="checkbox"/> 01 Non-employed or beneficiary (excluding retired) <input type="checkbox"/> 02 Wage or salary worker <input type="checkbox"/> 03 Self-employed <input type="checkbox"/> 04 University student <input type="checkbox"/> 05 TAFE student <input type="checkbox"/> 06 College of Education Student <input type="checkbox"/> 07 House-person or retired <input type="checkbox"/> 08 Overseas (irrespective of occupation) <input type="checkbox"/> 09 Private training establishment student <input type="checkbox"/> 11				
12	Disability: Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how would you describe your impairment, disability or long term medical condition : _____		

C ACADEMIC INFORMATION			
13	Secondary School:	What was the name of the last secondary school you attended? State "overseas", if applicable. _____	Office Use
		What was your last year at secondary school? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Please supply information of your academic history including all academic qualifications: Please specify if "Overseas qualification" or "Other". _____	

D DOCUMENTATION			
14	Evidence of your identity and nationality - produce a copy of one of the following: <ul style="list-style-type: none"> • Birth certificate • passport. 		
	Evidence of current residency - produce a copy of one of the following: <ul style="list-style-type: none"> • Copy of Passport showing current visa status • other as applicable 		
15	Provide name and contact details for 2 references - (non family members)	Name:	Name:
		Phone:	Phone:
		Address:	Address:
16	Please list here all documents that you have attached to this enrolment form. Documents should be securely stapled to the back of the form.		

E CONTACT DETAILS			
17	Address and contact details:	Home Address:	Postal Address: (if different from home address)
		Phone:	Mobile:
		Fax:	Email:
	Next of Kin:	Name:	Phone:

DECLARATION	
<p>Privacy – The College collects and stores information from this form to comply with the requirements. The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records.</p> <p>In addition, when required, the College may be required to release information to Government agencies.</p> <p>In signing this enrolment form you authorise such disclosure on the understanding that the College will observe the general conditions governing the release of information. You may see any information held about you and amend any errors in that information. To do so, contact the College.</p> <p>Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The College’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.</p> <p>Rules – In signing this enrolment form you undertake to comply with the published rules and policies of the College with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.</p>	
<p>Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.</p>	
_____ / ____ / _____	_____ / ____ / _____
<i>Signature</i>	<i>Date</i>

• Please make sure that you sign your enrolment form above •

<i>Office Use Only</i>		<i>Version 4.1 Designed by Meta Office with Take2 Users in Mind</i>
<i>Documentation</i>	<i>Approved</i>	<i>Entered</i>
_____	_____	_____
____/____/____	____/____/____	____/____/____

reference form 1



SYDNEY COLLEGE OF
Homeopathic
MEDICINE

Please fill out all details below in legible print

Applicant's Name:

Referee Details

Name:	
Address:	
Home Phone:	Work Phone:
Fax:	Email:
Relationship to Applicant: (please note – references must be from non-family members)	
How long have you known the applicant?	

Thank you for taking the time to provide a reference for an applicant to this College.
We ask that you include specific comments/answers to the following:

1. Give your opinion of the applicant's suitability for being a homeopath. Include your opinion of whether they can relate effectively to people of different ages and backgrounds, if they are of sound character for such a role.
2. Success in the study and practice of Homeopathy requires good academic skills. Prospective students of this College must meet our academic criteria, (see footnote below). Please give your opinion on the applicant's academic skills.
3. What communication skills does the applicant possess? Please elaborate.
4. Do you have any reservations about the applicant working with children or other vulnerable people? If yes, please elaborate.
5. Are you aware of any psychological, mental or behavioural characteristics of the applicant's that would impair their study and practice of Homeopathy?
6. What strengths do you want the College to be aware of when considering the applicant as suitable for study at the College?

¹Academic criteria in this instance

For Domestic students, academic criteria is satisfied by any of the following:

- 1 Being at least 18 years old and having either the HSC certificate or proficiency in written English and comprehension of Science.
- 2 University Entrance, Bursary or Scholarship qualifications.

or **For International students**, academic criteria is satisfied by either of the following:

- 1) IELTS 6.0 for those whom English is not a primary language.
- 2) for those whom English is a primary language, demonstration of aptitude for achievement at tertiary study (e.g. in USA SAT scores of 900 or better; in UK, GCSE pass; in Europe 1B).

Thank you. Your referee report can be included with the applicant's application or you can send your report directly to the College.

Post to
The Registrar,
Sydney College of Homeopathic Medicine,
Level 2, 139 Alexander St,
Crows Nest, NSW 2065, Australia.

reference form 2



SYDNEY COLLEGE OF
Homeopathic
MEDICINE

Please fill out all details below in legible print

Applicant's Name:

Referee Details

Name:	
Address:	
Home Phone:	Work Phone:
Fax:	Email:
Relationship to Applicant: (please note – references must be from non-family members)	
How long have you known the applicant?	

Thank you for taking the time to provide a reference for an applicant to this College.
We ask that you include specific comments/answers to the following:

7. Give your opinion of the applicant's suitability for being a homeopath. Include your opinion of whether they can relate effectively to people of different ages and backgrounds, if they are of sound character for such a role.
8. Success in the study and practice of Homeopathy requires good academic skills. Prospective students of this College must meet our academic criteria, (see footnote below). Please give your opinion on the applicant's academic skills.
9. What communication skills does the applicant possess? Please elaborate.
10. Do you have any reservations about the applicant working with children or other vulnerable people? If yes, please elaborate.
11. Are you aware of any psychological, mental or behavioural characteristics of the applicant's that would impair their study and practice of Homeopathy?
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