



HIGHER EDUCATION ENROLMENT APPLICATION FORM

Instructions	Office Use Only
<p>1. Complete this form using a black or blue pen. All entries must be written clearly and in BLOCK letters.</p> <p>2. Tick that you have attached JP certified copies of the following documents:</p> <p><input type="checkbox"/> Identification document with a recent photo</p> <p><input type="checkbox"/> Proof of Citizenship/Residency Status</p> <p><input type="checkbox"/> Copy of all relevant academic certificates and transcripts that satisfies the Bachelor of Traditional Chinese Medicine's entry requirements and English language requirements.</p> <p><i>Please note that qualifications submitted in a language other than English must be accompanied by a certified official translation.</i></p> <p>3. Return the completed form and supplementary documents to Sydney Institute of Traditional Chinese Medicine (SITCM) via email (administration@sitcm.edu.au), by post (PO Box K623, Haymarket 2000), or in person at the SITCM Administration Office.</p>	<p>Date Received</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Number of attachments</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Student ID</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Section 1. Personal Details

Have you previously applied to Sydney Institute of Traditional Chinese Medicine? Yes No

Title: Mr Mrs Miss Ms Dr Other: _____

First name: _____ Family name: _____

Date of Birth (dd/mm/yyyy): / / Gender: Male Female

Emergency Contact: _____ Tel No.: _____ Relationship: _____

Section 2. Contact Details

Mailing Address	Residential Address (complete if different to mailing address)
Street: _____	Street: _____
Suburb: _____	Suburb: _____
State: _____ Postcode: _____	State: _____ Postcode: _____
Tel (Home): _____	Tel (Mobile): _____
Email: _____	

Section 3. Course Information

Course: Bachelor of Traditional Chinese Medicine Study Mode: Full time Part time

Section 4. Citizenship

Student Declaration: I am: an Australian citizen a New Zealand citizen an Australian permanent resident

Section 5. Cultural Background

- Q1. Are you of Aboriginal or Torres Strait Islander origin? Yes No
- Q2. Were you born in Australia? Yes, go to Q4 No, go to Q3
- Q3. Which COUNTRY were you born in? _____ Which YEAR did you arrive in Australia? _____
- Q4. Do you speak a language other than English at home? No, go to next section Yes, I can speak: _____

Q5. How well do you speak English? Very Well Well Not Well Not at All

Q6. Do you require any language, literacy or numeracy assistance? Yes No

Section 6. Employment Status

Of the following categories, which BEST describes your current employment status?

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Full time Employee | <input type="checkbox"/> Employed - unpaid family worker |
| <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 |

Section 7. Previous Education

What is your highest completed school level?

- Year 12, my ATAR score is: _____ Year 11 Year 10 Year 9 or lower

In what year did you complete this year level? _____

What is the HIGHEST educational course you have participated in?

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Postgraduate Degree | <input type="checkbox"/> Higher education sub-degree level course | <input type="checkbox"/> VET award course - incomplete |
| <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Secondary education | <input type="checkbox"/> Other qualification |
| <input type="checkbox"/> VET award course | <input type="checkbox"/> Higher education course - incomplete | <input type="checkbox"/> No prior educational attainment |

What YEAR did you last participate in the above course? _____

Section 8. Credit for Prior Learning (Advanced Standing)

Are you intending to apply for Credit for Prior Learning? Yes No

If YES, please submit a Credit for Prior Learning Application when submitting this application.

Section 9. Student Support and Special Needs

Do you have a disability, impairment or long term medical condition which may affect your studies? Yes No

If yes, please indicate the area/s of impairment: hearing learning mobility
 visual medical other

Section 10. How did you hear about us? (Select all that apply)

- | | | |
|--------------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Google search | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> SITCM Publication |
| <input type="checkbox"/> Other Internet search | <input type="checkbox"/> Former student | <input type="checkbox"/> Newspaper/magazine/radio |
| <input type="checkbox"/> Open Day | <input type="checkbox"/> Social media | <input type="checkbox"/> TCM Clinic |
| <input type="checkbox"/> Other (please specify): _____ | | |

Section 11. Applicant's Declaration and Signature

I declare that I have read the information on this application form and that the information I have provided is complete and correct.

I understand that the information I have provided will remain private and confidential and may only be used for Government statistical purposes only.

I understand that I have the right to access and amend personal information that SITCM holds about me, subject to legislation, by contacting the administration office at administration@sitcm.edu.au.

I authorise SITCM to obtain further information with respect to my application and, if necessary, seek confirmation of information provided by me.

I acknowledge that Sydney Institute of Traditional Chinese Medicine reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.

I understand that the information I have provided will remain private and confidential and may only be used for Government Statistical purposes only, including information requested by the Chinese Medicine Board of Australia about students and the mandatory notification requirements under the Health Practitioner Regulation National Law.

I agree to abide by the regulations and policies of Sydney Institute of Traditional Chinese Medicine.

Signature: _____

Date: _____

Office Use Only

Administration Officer use:

Name of staff processing application: _____

Check application:

Completed enrolment application form Yes No

Certified documents Yes No

Certified evidence of date of birth Yes No

Entry requirements evidence Yes No

Proof of citizenship or residency status Yes No

Copy of passport Yes No

Date sent to Registrar: _____

Signature: _____

Date sent offer letter to applicant: _____

Applicant returned signed offer letter? Yes No

Date sent enrolment package to applicant: _____

Date documentation finalised: _____

Date filed: _____

Registrar use:

Name: _____

Date received: _____

Online application file created? Yes No

Application documentation is completed?

No. Date requested outstanding documentation:

Yes:

Student is 18 years or older? Yes No

Entry requirements satisfied? Yes No

Proficient English language? Yes No

Interview required? Yes, for alternative admissions

Yes, for serious health issues

No

Date sent to Dean (or nominee): _____

Signature: _____

Dean (or nominee) use:

Name: _____

Date received: _____

Assessment validated? Yes No

Interview (if applicable):

Date of interview: _____

Application approved? Yes No

Comments: _____

Date sent back to Registrar: _____

Signature: _____

Registrar use:

Date of offer letter: _____

Date sent back to admin staff: _____