

Child, Adolescent and Family Psychiatry (CAFP) Enrolment Form

PERSONAL INFORMATION			
Title	Surname		
Given Names		Preferred Given Name	
Previous Surname	Date of birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
HOME ADDRESS & CONTACT DETAILS			
Have your address or contact details changed since your last enrolment? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form			
EMPLOYER ADDRESS			
Have your employer details changed since your last enrolment? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form			
EMERGENCY CONTACT			
Have your emergency contact details changed since your last enrolment? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form			
INDICATION OF SUPPORT NEEDS			
Have your support changed since your last enrolment? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please fill out a Personal Details Variation Form			
FINANCIAL INFORMATION			
Course fees are being paid by <input type="checkbox"/> Employer <input type="checkbox"/> Scholarship <input type="checkbox"/> Self <input type="checkbox"/> ABN			
If you would like to request an invoice in the name of an employer/organisation please provide the following information:			
Organisation/Employer Name			
Street Address or PO Box			
Suburb	State	Postcode	
Contact Phone		Contact Fax	
Contact Email			

UNITS OF STUDY: CHILD, ADOLESCENT AND FAMILY PSYCHIATRY (CAFP)

 Year 1

 Year 2

Please select your semester 1 and semester 2 units below

SEMESTER 1	SEMESTER 2
YEAR 1	
<input type="checkbox"/> MEP001-Y1S1 CAFP Year 1 Semester 1	<input type="checkbox"/> MEP001-Y1S2 CAFP Year 1 Semester 2
YEAR 2	
<input type="checkbox"/> MEP001-Y2S1 CAFP Year 2 Semester 1	<input type="checkbox"/> MEP001-Y2S2 CAFP Year 2 Semester 2
COMPULSORY TEACHING BLOCKS – Year 1 and 2	
CPD029-W1-W4 CAFP Teaching Block 1	CPD029-W8-W10 CAFP Teaching Block 3
CPD029-W5-W7 CAFP Teaching Block 2	

STUDENT DECLARATION

 I have read and agree to the terms outlined in the Student Fees Policy.

Signature

Date

Save this form and send together with supporting documentation to:
 Email: applications@heti.edu.au Fax: 02 9840 3838
 Post: HETI Higher Education, Locked Bag 7118, Parramatta BC NSW 2124