

Child, Adolescent and Family Psychiatry (CAFP) Enrolment Form

PERSONAL INFORMATION			
Title	Surname	Student No.	
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			
Street Address			
Suburb		State	Postcode
Country	Home email		
Home Phone	Mobile Phone	Preferred <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
Postal Address			
EMPLOYER ADDRESS			
Employer/Organisation			
Street Address or PO Box			
Suburb		State	Postcode
Work email			
Preferred Mail Address: <input type="checkbox"/> Home <input type="checkbox"/> Employer		Preferred Email: <input type="checkbox"/> Home <input type="checkbox"/> Employer	
EMERGENCY CONTACT			
Name		Phone No	
INDICATION OF SUPPORT NEEDS			
Do you require special assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach a brief description			
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			
Address			
Contact Phone		Contact Fax	
Contact Email			
STUDENT DECLARATION			
<input type="checkbox"/> I have read and agree to the terms outlined in the Student Fees Policy.			
Signature		Date	
UNITS OF STUDY: <i>Please select your semester 1 and semester 2 units below</i>			
YEAR 1		YEAR 2	
<input type="checkbox"/> MEP001-Y1S1 CAFP Year 1 Semester 1		<input type="checkbox"/> MEP001-Y2S1 CAFP Year 2 Semester 1	
<input type="checkbox"/> MEP001-Y1S2 CAFP Year 1 Semester 2		<input type="checkbox"/> MEP001-Y2S2 CAFP Year 2 Semester 2	

Save this form in your name 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