

### Step 1 ► SELECT YOUR COURSE

**Certificate IV in Massage Therapy Practice (HLT40312)**

This national qualification is delivered and assessed using 'delivery modules'. Students can complete the program module by module. Indicate the delivery module you wish to undertake and timetable preferences:

**MODULE - Swedish Massage**

Swedish Module only (\$395) or

**Special Package #1** - Swedish Module + Massage Table (\$445)

**Special Package #2** - Swedish + other Module + **FREE** Massage Table



Term \_\_\_\_\_ Day/date/time \_\_\_\_\_ 1<sup>st</sup> Choice : \_\_\_\_\_ 2<sup>nd</sup> Choice : \_\_\_\_\_

MODULE - Remedial Massage      Term \_\_\_\_\_ Day/date/time \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

MODULE – Sports Massage      Term \_\_\_\_\_ Day/date/time \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

MODULE – Safe Practices      Term \_\_\_\_\_ Day/date/time \_\_\_\_\_

MODULE – Practice Management      Term \_\_\_\_\_ Day/date/time \_\_\_\_\_

MODULE – Anatomy & Physiology      Term \_\_\_\_\_ Day/date/time \_\_\_\_\_

ELECTIVE \_\_\_\_\_ Term \_\_\_\_\_ Day/date/time \_\_\_\_\_

FIRST AID      Term \_\_\_\_\_ Day/date/time \_\_\_\_\_

**Diploma of Remedial Massage (HLT50307)**

MODULE - \_\_\_\_\_ Term \_\_\_\_\_ Day/date/time \_\_\_\_\_

### Step 2 ► PERSONAL DETAILS

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date Of Birth : \_\_\_\_\_

Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_

My details have changed since my previous enrolment. Please update my records.

Reason for study? : \_\_\_\_\_

Previous Qualification & Level : \_\_\_\_\_

Where did you hear about us? : \_\_\_\_\_

Office USE Only

Date

Initial

Receipt Number

