



HLT51020 Diploma of Emergency Health Care

Application Form

Select your Course and Study Mode

(Entry to any course is conditional on meeting entry requirements)

- HLT51020 Diploma of Emergency Health Care (**Full Time Study - 14 months**)
- HLT51020 Diploma of Emergency Health Care (**Part Time Study – 24 months**)

Month you would like to apply for enrolment into: _____

Proposed course start date: ____ / ____ / ____

Note: Enrolment into the Diploma of Emergency Health Care is on a monthly basis

Student Details

Applicants Name:

Address:

Phone Number:

Email Address:

Credit Transfer/Recognition of Prior Learning

Depending on your previous studies and work experience, you may be able to receive credit or exemptions from certain components of the course.

If you wish to apply for Credit Transfer or Recognition of Prior Learning (RPL) assessment, please complete the RPL and Credit Transfer Application Form.

Application for RPL/Credit Transfer **MUST** be completed prior to enrolment into the Diploma Course. RPL/Credit Transfer application **WILL NOT** be accepted once you have enrolled into the course.

- I will also be applying for RPL/Credit Transfer

<https://www.absolutemedicalresponse.com.au/>

+61 (02) 9608 0222



Application Form

Course Cost – \$14,900.00 Textbooks NOT included
 (please indicate the way in which you wish to pay for the course)

I wish to be a full fee paying student and organise payment for the course in instalments

I wish to defer my fees and apply for **Vet Student Loans** (further documents will be sent to you for completion)

If applying for VET Student Loans, please provide us with the following information:

Tax File Number

Have you undertaken a VET Course before?

YES, I have undertaken a VET/TAFE Course before

No, I have never undertaken VET/TAFE Study before

If you answered YES to the above question, did you apply for a VET Student Loan to complete the course?

YES, I have applied for a VET Student Loan to complete a course before

No, I have never applied for a VET Student Loan to complete a course before

CHESSN
 (Commonwealth Higher Education Student Support Number) – **You will only have this number if you have previously accessed VET Student Loans to study a VET Course**

Upon acceptance of your enrolment into the Diploma Course, a fee schedule will be sent out to you, outlining the census dates and the structure of your financial commitment..

**** Important Note ****

Please be aware that if you wish to withdraw from the course at any time you must do so BEFORE the census dates that will be outlined in your Statement of Fees, Fee Notice and Commonwealth Assistance Notice that you will receive each term. Withdrawal after a census date will result in fees owing or an incurred debt with the Australian Government for that part of the course. Failure to adhere to the financial expectations and requirements of the course, may result in your course being suspended.



Application Form

Application Checklist and Declaration (complete and return the following three documents to register your interest to enroll into the Diploma of Paramedical Science)

<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	Course Information Brochure – Student Declaration (signed and returned)
<input type="checkbox"/>	VSL Course Information Booklet for Students and Fact Sheet (read and acknowledged, if applicable)

Students under 18 years of age

Will you be under 18 years of age at the time of study?

- No
- Yes – Please ensure your parent/guardians complete the section below

Declaration

I acknowledge and agree that this is an application only to study at Absoluter Medical Response (i.e. there is no guarantee of a place) and, if an offer is made to me my acceptance is subject to the terms and conditions set out in the course brochure, on the Absolute Medical Response website and the VSL Course Information Booklet for Students (where applicable).

Student Signature : _____ Date: ____ / ____ / ____

I give approval for the application into the above course selection to be processed by Absolute Medical Response

Parent/Guardian Signature: _____ Date: ____ / ____ / ____
(required if student is under 18 years of age)