

Application Form – Australian College of Kahuna Sciences



Before completing this form please read the Entry Requirements in the Code of Practice and the Course Information for Certificate III in Kahuna Sciences (Bodywork)

Part A – Your personal details:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ____ / ____ / ____ SEX: MALE FEMALE

POSTAL ADDRESS: _____

SUBURB/TOWN: _____ POSTCODE: _____

COUNTRY: _____

EMAIL: _____

PHONE: WORK (____) _____ HOME: (____) _____

MOBILE: _____

PART B – COURSE ENROLMENT

COURSE NAME: _____

COURSE CODE: _____

Do you intend to apply for RPL or credit transfer? Yes / No

Please include any area of disadvantage which should be taken into account for your application – such as previous opportunities denied, educational disadvantage, non-English speaking or cultural background, socially or geographically isolated etc.

Please forward completed form to the Australian College of Kahuna Sciences

Office use only

Student Id Number:

Application Number:

Date Received

Postal Address: PO Box 3634, Robina, QLD, 4230
Street Address: 6 Medinde Court, Robina, QLD, 4226
Telephone: (07) 5575 7336 ABN: 40 462 068 376