



## APPLICATION FORM – AUSTRALIAN COLLEGE OF KAHUNA SCIENCES

Before completing this form please read the Student Information booklet.

### 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: \_\_\_\_\_ (see below for details)

COURSE CODE: \_\_\_\_\_

#### Course Name and Code:

Certificate IV in Kahuna Bodywork (Relaxation) 30704QLD

Diploma of Kahuna Bodywork (Therapeutic) 30705QLD

Advanced Diploma of Kahuna Sciences (Bodywork/Instructor Training) 30706QLD

Certificate IV in Massage Therapy Practice, Course code: HLT40307

Diploma of Remedial Massage, Course code: HLT50307

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

Please include any area of disadvantage that 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 attach another piece of paper if you need to.

I have read and understand the Course outline and refund policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please forward completed form with enrolment fee of \$200 to the Australian College of Kahuna Sciences (see below for payment options).

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Please make cheques payable to Australian College of Kahuna Sciences.

Credit Card Payment: Type of Card:  Mastercard  VISA

Card Number:           Expiry Date: /

If you would like to directly transfer payment into the College Account please contact the College on (07) 5575 7336 or (02) 6684 4883.

Office use only		
Student Id Number:	Application Number:	Date Received: