



## APPLICATION FORM

The information collected on this form will be used for the purpose of processing student enrolment applications with the Academy of Sport Health and Education (ASHE). ASHE complies with the Information Privacy Act 2000 and the Health Records Act 2001 when collecting personal and health information and your information will be used in accordance with these acts.

### PERSONAL DETAILS & CONTACT INFORMATION

Name: ..... Date of Birth: .....

Address: .....

Postal Address: (only if different to above) .....

Contact Number/s: ..... Email Address: .....

### INDIVIDUAL HISTORY & GENERAL INFORMATION

Are you of Aboriginal, Torres Strait or Australian South Sea Islander origin?

(If you are of more than one origin, tick the appropriate Yes boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> Yes, Aboriginal    | <input type="checkbox"/> Yes, Australian South Sea Islander |
| <input type="checkbox"/> Yes, Torres Strait | <input type="checkbox"/> No                                 |

Which course are you interested in applying for?

- |  |  |
|--|--|
| <input type="checkbox"/> Certificate II in Sport   | <input type="checkbox"/> Responsible Service of Alcohol      |
| <input type="checkbox"/> Certificate III in Sport  | <input type="checkbox"/> First Aid Level 2                   |
| <input type="checkbox"/> Certificate IV in Sport   | <input type="checkbox"/> My Moola                            |
| <input type="checkbox"/> Football Program          | <input type="checkbox"/> Munarra Leadership Program          |
| <input type="checkbox"/> Netball Program           | <input type="checkbox"/> Goals to Go                         |
| <input type="checkbox"/> Golf Program              | <input type="checkbox"/> Making Meetings Matter              |
| <input type="checkbox"/> Sporting Shooters Program | <input type="checkbox"/> Managing the Media                  |
| <input type="checkbox"/> Boot Camp                 | <input type="checkbox"/> Workplace Hygiene for Food Handlers |

### ENROLMENT INFORMATION

All applicants will be advised of the outcome of their application by the Program Coordinator.

#### ELIGIBILITY

While ASHE's courses are primarily available to indigenous participants, applications from non-indigenous participants will be accepted.

#### TERMS & CONDITIONS

ASHE students agree to work and cooperate with ASHE staff and affiliated staff to ensure their own personal safety and wellbeing during their involvement with the academy. This includes abiding by the Academy of Sport, Health and Education's Occupational Health and Safety guidelines and by providing all relevant medical information.

#### DECLARATION

I ..... have read, understood and accept the above TERMS & CONDITIONS of participation at the Academy of Sport, Health and Education. I declare that to the best of my knowledge all the information I have provided on this form is correct and complete.

Applicant's Signature: ..... Date: .....

**COMPLETED APPLICATION FORMS** can be sent, faxed or returned in person to ASHE's office:

21 Nixon Street, Shepparton, VIC, 3630 - Ph: **(03) 5823 6600** - Fax: **(03) 5822 0675** - Email: **pguthrie@unimelb.edu.au**

For more information about ASHE visit our website: **www.ashe.com.au**

The information provided on this form was correct at the time of printing. The Academy of Sport Health and Education reserves the right to make changes as appropriate. As details may change readers are encouraged to contact the academy directly to obtain up-to-date information.

