

Application for Enrolment

Thank you for your expression of interest in this program. Please complete the fields below, and print and sign the form. Once completed please scan and send to ihea.ldp@ihea.org.au

Date:	<input type="text" value="DD / MM / YY"/>	Preferred Email Address:	<input type="text"/>
First Name:	<input type="text"/>		<input type="text"/>
Family Name:	<input type="text"/>	Employer/Agency:	<input type="text"/>
Preferred Name:	<input type="text"/>	Current Role:	<input type="text"/>
Postal Address:	<input type="text"/>	Nature of disadvantage/disability (if applicable):	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Date of Birth:	<input type="text" value="DD / MM / YY"/>	Please indicate an incapacity requiring assistance:	<input type="text"/>
Mobile Phone:	<input type="text"/>		<input type="text"/>
After Hours Phone:	<input type="text"/>		<input type="text"/>
Business Hours:	<input type="text"/>	Membership Status:	<input type="text" value="Member"/> <input type="text" value="Non-Member"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

What happens next?

Thank you for your application. The IHEA Learning and Development Program Coordinator will confirm receipt of your application by email, and will seek to make an appointment for a pre-enrolment telephone discussion to verify your capacity to undertake this course, determine a commencement date, and preferred facilitator and provide further information, in particular about recognition of prior learning, and the learning requirements to complete the program.

If you have any questions, please email us at ihea.ldp@ihea.org.au

OFFICE USE ONLY

Application Received Date:	<input type="text" value="/ /"/>	Deposit Received Date:	<input type="text" value="/ /"/>	Receipt No.:	<input type="text"/>
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