



Border College of Natural Therapies
2010 Course Enrolment Form (F6-2)

22004VIC Certificate IV in Bowen Therapy **22006VIC Diploma of Specialised Bowen Therapy**

This enrolment form is to be used by those wishing to enrol in the full Certificate IV in Bowen Therapy or the Diploma of Specialised Bowen Therapy, through Border College of Natural Therapies TO id 21424.

Privacy Statement

Please note that information we collect from you is for the purpose of the Border College of Natural Therapies and will be used in the course of its business and in meeting its obligations under the AQTF. Your information will be kept private and Border College of Natural Therapies or any associated business will not sell, disclose or use any information you provide for any other purpose than for the delivery of training and assessment and legal reporting requirements. You may contact our manager to see your personal information. We will not release your information to others without your written permission.

Your Personal Details

Student ID No:	Have you previously enrolled with BCNT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:	Family Name:	Sex: M / F
Street Address:	Town:	P/Code:
Postal Address (if different to above):		
Phone: (Home)	(Work)	(Mobile):
Email: (Private):		
Do you have any special learning requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you have answered yes, please talk to us about your support needs so we can arrange assistance where required and available.)</i>		
Occupation:	Date of Birth:	Age:
Contact Person In Case Of Emergencies:		
Relationship To You:	Contact Phone Number/s:	

Previous Training: If you have undertaken any previous study in this or a related field you should inform us. You may be eligible for recognition of previous training undertaken with an RTO or you may be able to have your skills recognised through our Recognition of Prior Learning process, at a cost of \$125. Will you be seeking recognition? Yes No If yes, please complete the following forms.

Payment of Fees: A schedule of fees will be available on request.

Note: there is no GST applicable for Accredited Training.

Refunds: Under certain circumstances you may be eligible for a fees refund should you discontinue the course. Border College of Natural Therapies has a refunds policy that covers most eventualities. You may expect an administration fee of \$50 to be taken from your prepayment if you decide to cancel enrolment. Please ask for a refund application form when required.

Level 2 First Aid Certificate: Students are required to complete first aid training prior to issuance of the qualification, with a registered provider. We will offer a course but you may find it more convenient to select a local provider of an approved course.

Enrolment Terms and Conditions: Please read the following information carefully before enrolling in your chosen course.

- Fees are generally non refundable and non transferable except in certain circumstances. Please see our refund policy for details. A \$50 withdrawal fee applies to withdrawal after the course commences.
- Some costs are upfront and will influence any refund. We will negotiate a refund based on the percentage of the course completed.
- You may be entitled to a statement of attainment from us at that time should you wish to discontinue your training.
- If you wish to defer your study for some reason during the course, we will negotiate with you any request for deferment and offerings subject to available places in subsequent courses.
- We reserve the right to amend course costs where unforeseen circumstances arise to do with course upgrades, Government accreditation and any other matters related to course undertakings where unexpected costs are incurred. We aim to keep these to a minimum but expect students to pay these costs where applicable.
- Please make sure that you have a copy of our promotional information for the Bowen course you are considering. More information is available for you. Please ask.

I have read and understand the above conditions:

Name:	Signature:	Date:
<i>Instructor</i>	<i>code</i>	
Deposit received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Receipt number:
Full payment received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	
Student ID number:	Entered in database: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Self Assessment Form Certificate IV in Bowen Therapy and Diploma of Specialised Bowen Therapy

The information provided by you here is to assist us in aligning your skills and knowledge with the units of competence in the new qualification. We understand that you have trained in the Bowen Modules and that there is a level of correlation that applies. We will use this information to assist in the RPL process. All information supplied is private and confidential and will only be accessed by our staff and assessors for this purpose. We expect that you will provide detailed substantiating evidence to support this application.

Name:	Number of years in practice since finishing Bowtech Course:	Average number of Bowen sessions per week: Number
Are you a member of the Bowen Association of Australia YES NO	Are you a member of the Bowen Therapy Academy of Australia YES NO	Are you a member of other professional associations? Details:
Bowtech Training: 4 day seminar plus refresher	Date Diploma of Proficiency issued?	
Level 1 seminar, revision plus level 2 assessment	Date Diploma of Proficiency issued?	
Modules 1 to 7	Date Diploma of Proficiency issued?	
Continuing education since commencing practice? Please provide as much detail as possible.		
Review days attended (number)	Practitioner (review) days attended (number)	Advanced Course SP1 (number attended) Advanced Course SP2 (number attended)
Other approved Bowtech courses (Please list)		
Attach a list if needed.		
Anatomy and Physiology training:	Formal courses YES NO Nominal hours?	As part of another course? Details please
Eg (massage course)		Institution?

Other training in Anatomy and Physiology?	YES NO What and where?	
Administer/Manage a Practice. What business training have you had?	Nominal hours of any course? Codes etc.	Part of another course? YES NO
Occupational Health and Safety Have you completed any OHS training?	Nominal hours of any course? Codes etc.	Part of another course? YES NO
Infection Control Have you completed any infection control training?	Nominal hours of any course? Codes etc.	Part of another course? YES NO
First Aid Have you current first aid qualifications?	Course Name and issuer of certificate?	Number of Certificate
Communication and Referrals Have you completed any communications/referrals training?	Nominal hours of any course? Codes etc.	
Other relevant qualifications Please list any other qualifications that you have or are completing that may be of relevance to this RPL process.	Nominal hours of any course? Codes etc.	Details Dates, places etc

You may add any other information that you feel is relevant to this process.

Your request for RPL will be matched against the units of competence in the new qualifications. These include the following national units from the HLT07 Training Package as well as the Bowen specific units.

BSBWOR203A Work Effectively with Others, HLTCOM502B Develop Professional Expertise, HLTCOM404B Communicate Effectively with clients, HLTCOM405B Administer a Practice, HLTCOM503B Manage a Practice,HLTCOM406B Make Referrals to other health care professionals when appropriate, HLTCOM408B Use specific health terminology to communicate effectively, HLTFA301B Apply First Aid, HLTHIR301A Communicate and work effectively in health, HLTOH300A Contribute to OHS processes, HLTIN301A Comply with infection control policies and procedures in health work, HLTAP401A Confirm physical health status, HLTAP501A Analyse health information, HLTHIR501A Maintain an effective health work environment, HLTHIR506B Implement and monitor compliance with legal and ethical requirements, CHCORG428A Reflect and improve upon professional practice.

I certify that the above information is true and correct to the best of my knowledge. Signed _____ Date_____

Witnessed by _____ - Date_____

Border College of Natural Therapies

Recognition of Prior Learning

THIS FORM IS FOR YOU TO CLEARLY LIST AND ATTACH SUBSTANTIATING EVIDENCE

NAME: _____ ADDRESS: _____

TEL.: (H) _____ (W) _____ POSTCODE _____

Certificate IV in Bowen Therapy

Subject claimed

equivalent subject(s)

substantiating evidence

evidence attached?

Anatomy and Physiology _____

Bowen Therapy _____

Administer a Practice _____

Communication and Referrals _____

Occupational Health and Safety _____

Infection Control _____

Clinical practicum _____

First Aid _____

Diploma of Specialised Bowen Therapy

Subject claimed

equivalent subject(s)

substantiating evidence

evidence attached?

Specialized Bowen Therapy _____

(Previously called "Advanced course")

Research project _____

Clinical practicum _____

(At specialized Bowen therapy level)

Manage a Practice _____

Any other information you think will assist your application _____

CLAIMS CANNOT BE CONSIDERED UNLESS SUBSTANTIATING EVIDENCE IS ATTACHED

Border College of Natural Therapies
**Special Application for Recognition of Prior Learning (RPL) for Certificate IV in
Bowen Therapy & Diploma of Specialised Bowen Therapy**

CLAIMS CANNOT BE CONSIDERED UNLESS SUBSTANTIATING EVIDENCE IS ATTACHED.

You are being offered the opportunity to demonstrate advanced standing for enrolment in this course due to the potential for RPL. Please return the (completed) course application, self assessment and RPL forms to [Border College of Natural Therapies, PO Box 5038, Wodonga Plaza, VIC 3690](#) with a cheque or money order for \$125. Enclose validated copies of relevant certificates and ensure your signature on the self assessment form is witnessed.

IMPORTANT INSTRUCTIONS

Complete the self assessment form as thoroughly as possible. You need to record **any and all** qualifications and experience you have which may contain information pertaining to the subject matter of the unit under consideration. Use other sheets of paper if you need more space for your lists.

Complete the RPL form using the information gathered in the self assessment page(s). Again, use additional pages if necessary. Be as complete as possible. The more information supplied, the easier it will be to find where your qualifications fit into the Certificate of Bowen Therapy or the Diploma of Specialised Bowen Therapy.

You are required to SUBSTANTIATE all of the claims. The responsibility for supplying supporting evidence is yours. Recognition cannot be given without sufficient and appropriate supporting evidence. The most appropriate evidence is a Statement of Attainment from your qualification. When this is not available, a letter from the training organization stating subject matter and nominal hours is preferred.

Unfortunately, many will have studied in bygone years and often the training organization has disappeared (and the paperwork, if any, has also disappeared). In these cases, sometimes lengthy life experience may be applied, depending on the competencies we are considering. This experience itself needs to be substantiated. If experience alone is NOT sufficient, some sort of proof of your claim is necessary. A completed and signed statutory declaration may be useful in some circumstances. You need to put the evidence together the best way you can to show your competence. When there is doubt, difficulty of proof or a disputed claim the final position will be that you are assessed in line with the competencies required for that unit. In this case an additional cost may be incurred.

When you have completed the RPL form as best you can, return the course application form, the self assessment and the RPL form with substantiating evidence attached to Border College of Natural Therapies with a cheque or money order for \$125 made out to Border College of Natural Therapies. A receipt will be sent to you with the result of your application.

The committee which makes decisions on these applications usually meets once each month so it may take several weeks for your application to be processed.

Where there are units needing to be completed before the Cert./Dip. can be awarded you will have the opportunity to do these by distance education or, in the case of practical units, workshops. Any information you require will be included with our reply.