

# Single Unit Enrolment – Application Form

## General Information – Please read before completing this form

Complete this form if you wish to study in a unit or units of study. Upon successful completion of units of study undertaken you will receive an academic transcript. If you subsequently enrol in a course leading to an award, the units of study you have completed may be used for credit transfer, provided that they are units included in the course structure or that may count as electives as part of that course.

The maximum number of units that can be undertaken concurrently is four.

This form requires signature of Course Coordinator evidence, such as a letter or email transcript, of approval from the Course Coordinator.

Fee-HELP is generally not available for single unit enrolments.

Enrolments will not be accepted after the census date. Any alteration to your enrolment, such as withdrawal from a unit, must be completed prior to the census date. If you withdraw after the census date, your transcript will show an N1 (Fail Grade) and a refund will not be issued.

Once you have completed and signed this form and obtained Course Coordinator approval, it be submitted at the campus reception desk or by emailing it as an attachment to [enquiry@ihm.edu.au](mailto:enquiry@ihm.edu.au)

## Section 1: Personal & Course Details

Personal Details			
<b>Title:</b> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>			
Family Name:			
Given Name:			
Middle Name:			
<b>Gender</b> (As indicated on Passport)		Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>
D.O.B:		Country of Birth:	
Australian citizen <input type="checkbox"/>		New Zealand citizen <input type="checkbox"/>	
Australian Permanent resident <input type="checkbox"/>		Australian permanent resident (Humanitarian visa) <input type="checkbox"/>	
Are you an International Student <sup>1</sup> ? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, please ensure you hold a student visa and complete within the time your Electronic Confirmation of Enrolment to meet visa requirements)			
<small><sup>1</sup> An international student is a student travelling to Australia on a student visa for the purpose of undertaking a course or courses or study. If you are in Australia on a different type of visa or you are located outside Australia and applying to study online, please select 'no'.</small>			
Contact Details			
Current Address:			
Town / City/ Suburb:		State:	
Post Code:		Country:	
Telephone:		Mobile:	
Email:			



## Section 2: Course Details

Course Code and Name	SUPG - <b>Single Unit of Enrolment</b>
Preferred Start Date	
Delivery Campus	Parramatta, NSW
Delivery Mode	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Delivery Method	<input type="checkbox"/> Online <input type="checkbox"/> On campus

## Section 3: Unit Enrolment Details

(Please indicate the unit(s) of study you would like to undertake)

UNIT CODE and UNIT TITLE	Intake
<input type="checkbox"/> GCNNK1 - Nursing Knowledge 1	
<input type="checkbox"/> GCNNK2- Nursing Knowledge 2	
<input type="checkbox"/> GCNCP3 - Clinical Project	
<input type="checkbox"/> GCNRN4- Research in Nursing	
<input type="checkbox"/> GDN3985 - Evidence Based Practice in Nursing and Specialisations	
<input type="checkbox"/> GDN3986 - Clinical Leadership and management in Nursing and Specialisations	
<input type="checkbox"/> GDN3987 - Professional issues and policies in Nursing and Specialisations	
<input type="checkbox"/> GDN3988 - E- Portfolio	
<input type="checkbox"/> PCPN3981 - Paediatric Nursing Knowledge 1	
<input type="checkbox"/> PCPN3982 - Paediatric Nursing Knowledge 2	
<input type="checkbox"/> PCPN3983 - Clinical Project	
<input type="checkbox"/> PCPN3984 - Research in Nursing	
<input type="checkbox"/> PCPN3985- Evidence Based Practice in Nursing and Specialisations	
<input type="checkbox"/> PCPN3986- Clinical Leadership and Management in Nursing and Specialisations	
<input type="checkbox"/> PCPN3987 - Professional Issues and Policies in Nursing and Specialisations	
<input type="checkbox"/> PCPN3988 - E Portfolio	

### Section 4: Previous Qualifications Achieved

(List your secondary and any post-secondary qualifications. Attach copies of results transcripts)

INSTITUTION	COURSE CODE	COURSE NAME	FINAL YEAR	ATTEMPTED/COMPLETE

### Section 5: Employment Experience

(List any work or other type of relevant experience you have undertaken. Attach any relevant evidence)

ORGANISATION	POSITION OR ROLE	START AND END DATE

### Section 6: Declaration

I declare that I have read and agree to the information and conditions indicated on this form and my details are true and correct. I authorise Institute of Health and Management to contact my former educational institutions and employers in order to verify any of the information I have provided with this application. I understand that the Institution reserves the right to vary or reverse any decision made on the basis of incorrect information provided by me.

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

#### COURSE COORDINATOR APPROVAL

Enrolment Approved: YES  NO

Reason for non-approved: \_\_\_\_\_

Course Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Coordinator Name: \_\_\_\_\_ Phone Ext: \_\_\_\_\_