



Australasian Institute of Body-Mind Analysis and Psychosomatic Therapy

Registered Training Organisation Provider Number: 31117

Administration Centre
14 Billabirra Crescent
Nerang Qld 4211
Australia

Phone: 07 55004768
Fax: 07 55783822

www.aibmapt.com.au
admin@aibmapt.com.au

Application for Registration

30432QLD Certificate III in Psychosomatic Therapy
30433 QLD Certificate IV in Psychosomatic Therapy
30434 QLD Diploma of Teaching Psychosomatic Therapy

Applicants Full Name : _____ Student No: _____

Residential Address : _____

_____ Post Code _____

Telephone: (____) _____ Fax: (____) _____

Email: _____ Mobile: _____

Business Address : _____

_____ Post Code _____

Business Telephone (____) _____ D.O.B. _____

This training is Centrelink approved, please enquire at a Centrelink office in your local area.

Do you have any issues you might like to disclose so that we can offer you support, ie. sight impairment, English language and literacy, hearing loss, other disability or if wheel chair access is required, etc.

Please circle: yes/no

Comments : _____

Please tick the appropriate units over the page in which you wish to register.

The Institute has a policy and procedure on student refunds, as per student handbook.

Signed : _____ Date : _____

Referring Student's Number: _____

