

Personal details

All information will be treated confidentially in accordance with our Privacy Policy which is available on our website or in the Course Administration Handbook.

HIMAA Student Code (if previously enrolled)				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Given names	<input type="text"/>						
Surname	<input type="text"/>								
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of birth	<input type="text"/>	/	<input type="text"/>	/19			

Home address (or Post Office Box if applicable)

<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>				
Telephone incl area code	<input type="text"/>				Fax incl area code	<input type="text"/>			
Mobile	<input type="text"/>			email	<input type="text"/>				

Business address

Position	<input type="text"/>								
Department	<input type="text"/>								
Organisation	<input type="text"/>								
Address	<input type="text"/>								
<input type="text"/>									
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>				
Telephone incl area code	<input type="text"/>				Fax incl area code	<input type="text"/>			
email	<input type="text"/>								

My preferred mailing address is Home Business (please tick ✓)

I would like to submit my assessments by email (if yes, please tick ✓)

Are you of Aboriginal or Torres Strait Islander origin? If you are both please tick boxes 2 and 3.

1 No 2 Yes, Aboriginal 3 Yes, Torres Strait Islander

Do you consider yourself to have a disability, impairment or long term medical condition which may affect your ability to learn or complete this course?

1. No 2. Yes If yes, please contact the Training Manager before enrolling

Intake datesPlease enrol me in Advanced ICD-10-AM, ACHI and ACS 7th edition with the intake **closing** date of
 12 July Timetable 1 **OR** Timetable 2 *(please tick ✓ one timetable)*
Payment**Enclosed is payment for** *(please tick ✓ one box only)***Non-members**

			<i>Total</i>
<input type="checkbox"/>	Advanced ICD-10-AM, ACHI and ACS	(full payment) (includes GST)	\$2,657.00
<input type="checkbox"/>	Advanced ICD-10-AM, ACHI and ACS	(part payment) (incl GST & admin cost)	\$1,435.00
<input type="checkbox"/>	Overseas-based student (full payment only) (except New Zealand)	AUD	\$2,923.00

Financial Members(HIMAA or CCSA) *(please circle Association)*

			<i>Total</i>
<input type="checkbox"/>	Advanced ICD-10-AM, ACHI and ACS	(full payment) (includes GST)	\$2,391.30
<input type="checkbox"/>	Advanced ICD-10-AM, ACHI and ACS	(part payment) (incl GST & admin cost)	\$1,291.50
<input type="checkbox"/>	Overseas-based student (full payment only) (except New Zealand)	AUD	\$2,630.70

 Australian-based student - cheque or money order payable to
Health Information Management Association of Australia Limited
 Overseas-based student - bank draft in Australian dollars payable to
Health Information Management Association of Australia Limited
 EFT payment (please phone + 61 2 9887 5003 for details or email ireney@himaa.org.au)

 MasterCard Visa American Express
*(These cards only are accepted)*Card no. Expiry date /

Cardholder's name _____

Cardholder's signature _____

Organisation's Name _____
(If business credit card)
 Please invoice my organisation. Billing details (if different to the business address on page 1)

Contact person _____ Phone number () _____

Organisation _____

Billing address _____

email _____

Where to send your enrolment form and payment*Return this form with your cheque, bank draft, money order or credit card details to*

Administration Officer HIMAA Education Services Locked Bag 2045 NORTH RYDE NSW 1670 AUSTRALIA

Fax + 61 2 9887 5895 Telephone + 61 2 9887 5898 email education@himaa.org.au**If sending by courier** please use our street address

Level 1 51 Wicks Road North Ryde NSW 2113 Australia

Please note a surcharge of 2% applies to payments by credit card

Your enrolment will not be processed until after receipt of this signed agreement

STUDENT AGREEMENT

I agree to comply with the policies and procedures of the Health Information Management Association of Australia (HIMAA) as published on the HIMAA Education Services website and in the HIMAA Education Services Course Administration Handbook.

These policies and procedures include but are not limited to:

Recognition of Prior Learning (RPL)

I understand that HIMAA supports the process of RPL for students who have undertaken appropriate studies or work experience and who can provide evidence of competency.

Enrolment

I understand that HIMAA reserves the right to decline my request to enrol in a course if my prior knowledge, skill or experience does not meet the prerequisite for the chosen course. HIMAA will counsel me regarding appropriate training or experience before exercising this right.

Fees

The course fee (including GST if applicable) will be paid before course materials are distributed.

Refunds

If I cancel my enrolment before the course materials have been distributed HIMAA will refund the enrolment fee paid less an administration charge of \$181.00 (includes GST).

If I cancel my enrolment after the course materials have been distributed but within two months of the course commencement date and have submitted no more than two assessments HIMAA will refund 50% of the enrolment fee paid.

Requests for refunds must be in writing to the Administration Officer HIMAA Education Services. All course materials distributed by HIMAA Education Services must be returned before any refund is issued.

After discussion with me HIMAA reserves the right to cancel my enrolment at any time with or without a refund of fees.

Assessments

I will submit assessments as scheduled by HIMAA Education Services and I will comply with the conditions for submission of assessments and the rules for sitting the final examination.

If I am unable to submit an assessment as scheduled I will notify my Education Officer at least five days prior to the scheduled date.

Assessment appeals procedure

If I am not satisfied with the result of an assessment I may appeal against the decision by contacting my Education Officer within seven days of receiving the assessment result.

Academic conduct

I must not receive assistance from a third party, whether a manager or a colleague, when completing the coursework or the assessments.

I will not use another student's assessment or knowledge to complete assessments submitted as my own work. I understand this is cheating which is not tolerated by HIMAA Education Services.

If I am found to be submitting another person's work as my own, my enrolment will be cancelled immediately without any refund and future enrolments will not be accepted in any courses or workshops conducted by HIMAA Education Services.

If the person assisting me with the assessment is a past or current student and it is proven that the cheating took place with their knowledge then the current student's enrolment will be cancelled. Future enrolments from the assisting student will not be accepted in any courses or workshops conducted by HIMAA Education Services.

Behaviour

When communicating with HIMAA Education Services staff I am required to behave appropriately. Inappropriate behaviour includes but is not limited to oral or written abuse, coarse language, threats or slander.

Suggestions, feedback, complaints and appeals

I understand that throughout my course I can contact my Education Officer by phone or email to give suggestions and feedback or to discuss any matters which concern me. If I feel unable to discuss the matter with my Education Officer I can contact the Administration Officer Education Services.

Complaints procedure

In the event that I have a complaint concerning any matter in relation to the training or with Education Services I may contact the Administration Officer Education Services.

Privacy

I understand that if my employer has paid my course fees HIMAA reserves the right to give general information, regarding my progress based on my selected timetable and whether or not I am meeting assessment requirements, to my employer if they request such information.

Name (please print)

Signature

date

If under 18 years of age this form must be signed by your parent/guardian

Further information

Administration Officer Education Services

phone +61 22 9887 5898 fax +61 2 9887 5895

email education@hima.org.au

or Student Handbook or www.hima.org.au/education.html