



AAIMS Alliance Health Division Ltd

Student Application Form

Instructions:

PLEASE REFER TO THE APPLICATION CHECKLIST TO ENSURE ALL SUPPORTING DOCUMENTS ARE ATTACHED.

CHECKLIST:

- [] TRN
- [] 1 PASSPORT SIZED PHOTOGRAPH. (Photo submitted should be taken within the last 6 months)
- [] 1 GOVERNMENT ISSUED ID. (Any 1 of the following: Driver's license, National ID or Passport)
- [] ORIGINAL OR CERTIFIED COPIES OF EXTERNAL PASSES (CXC/CSEC, GCE)
- [] JOB LETTER (This only applies to students for which special arrangements have been made)

NON-REFUNDABLE APPLICATION FEE OF:

- [] J\$1,500.00 (EARLY) or \$2,000.00 (LATE) if collected from the school
- [] J\$1,000.00 (EARLY) or \$1,500.00 (LATE) if downloaded and printed from website
- [] COMPLETED APPLICATION FORM

KINDLY FILL OUT THIS APPLICATION USING BLOCK CAPITAL LETTERS. FAILURE TO COMPLETE THIS APPLICATION FORM WILL RESULT IN INCOMPLETE SUBMISSION OF YOUR APPLICATION PACKAGE.

Official use only

Date of Application: _____ Reference Number: _____

PART 1-PERSONAL INFORMATION

Name: _____ Ms. Mrs.

Date of Birth: _____ Gender: Male Female

D/M/Y

ID type: _____ ID #: _____ TRN #: _____

Address: _____

Contact: (w) _____ (h) _____ (cell) _____

Email Address: _____

Name and contact in case of emergency: _____

PART II-ACADEMIC INFORMATION

Name of Programme(s) you are applying for:

Interested Division: Day* Evening

* Day Division- offered for Pharmacy Technician and Medical Assistant/Phlebotomy Technician (2-4-1) programmes **ONLY**

Which of the following is your highest level of formal education?

A. Pre-High School B. High School CXC/GCE C. Post High School Certificate/Diploma

Educational History:

Name of School	Course Studied	Year: To & From	Achievement

PART III-EXPERIENCE

Do you have job experience in healthcare? _____

If yes, please state: _____

Please give three reasons why you want to join this programme.

(1). _____

(2). _____

(3). _____

PART IV-MEDICAL INFORMATION

Do you have any allergies? _____

Do you have any physical limitations preventing full participation in any form of Practical Nursing? (YES) _____ (NO) _____

If yes, please describe: _____

PART V- PUBLIC AWARENESS

How did you hear about AAIMS-AHD? (*Tick where applicable*)

- TV commercials Yellow pages Facebook Word-of-mouth
- Newspaper (Gleaner & Observer) Internet

Other: _____

Admission Statement: *Please read the following statement carefully before signing.*

I certify that all information I have given in this application is accurate and complete to the best of my knowledge. I understand that omission and misstatements in this application may be grounds for rejection or dismissal, and that my acceptance is subject to verification. I also understand that admission to this training programme is conditioned upon my ability to participate and attend at least 90% of all classes.

Signed by: _____

Name: _____

Dated: _____

<u>FOR OFFICIAL USE ONLY</u>	
Acceptance:	
Full:	Provisional:
<input type="checkbox"/>	<input type="checkbox"/>
Approved By: _____	Date: _____



AAIMS-AHD



AAIMS ALLIANCE HEALTH DIVISION TUITION PAYMENT AGREEMENT FORM

This Tuition Payment Agreement is a part of the contract between the Student and AAIMS Alliance Health Division (hereafter called “AAIMS-AHD) and every Student is required to timely complete, sign and return this form to your Student Coordinator or the Accountant as a condition of being allowed to register for and attend classes at AAIMS-AHD.

Under this contract, it is the primary responsibility of the Student to pay all tuition and other fees due to AAIMS-AHD by the time specified and agreed to by the student. By signing below, the Student/Parent agrees to be a guarantor of all tuition and other fees due to AAIMS-AHD. Nevertheless, the Student is the only person to whom AAIMS-AHD owes contractual obligations and the Student at all times remains primarily responsible to ensure payment of all amounts due to AAIMS-AHD, based on calculations recorded on the AAIMS-AHD STUDENT ACCOUNT.

Satisfactory arrangements for payment of total charges for tuition **MUST** be made **PRIOR** to the first day of classes. Satisfactory arrangements are: **OPTION 1** timely payment pursuant to the Full Payment Plan, **OPTION 2** selection of the Term Payment Plan and **OPTION 3** selection of the Monthly Payment Plan. Where a candidate will receive tuition aid from an institution, **FULL DISCLOSURE** of the institution’s name and contact at said institution, the amount expected to be paid and expected payment date (in the form of an official letter/correspondence) is required **BEFORE THE COMMENCEMENT** of studies at AAIMS-AHD. Under **OPTIONS 2 and 3**, the total tuition charge will attract a plan fee of five percent (5%).

Under **OPTION 2** installments will be charged/ billed to the Candidate’s AAIMS-AHD STUDENT ACCOUNT on the first (1st) day of the first month of each term. Under **OPTION 3**, installments will be charged/ billed to the Candidate’s AAIMS-AHD STUDENT ACCOUNT on the first (1st) of each month for the duration of the chosen program of study.

Under **OPTIONS 2 and 3**, **ALL** payments/ installments are due and payable in full and become delinquent after the 25th day of the month in which they are billed. Delinquent students face the possibility of being barred from classes and having their accounts deactivated until the outstanding fees are paid or arrangements made. **PLEASE CONTACT THE ACCOUNTS DEPARTMENT WITH ALL QUERIES.**

Grounds for Interest on Account- Settling of Account Balances

Where a student withdraws from his or her programme or has completed training (theory and/or practical) and there is an outstanding balance present on his/her *student account*, if a period of **NO** less than six (6) months has lapsed since the last recorded payment, AAIMS-AHD reserves the right to forward said account and/or details to a debt collection and recovery services firm; at which point, the student **WILL** be charged a **MINIMUM** interest rate of twenty-five percent (25%) of the outstanding amount. This action will **ONLY** be taken if the accountant has not received any **WRITTEN** commitment from the student as to a date for which payments will be made, or all attempts to reach the student has failed.

By signing this Tuition Payment Agreement, the Student (and if applicable, the Parent) agrees to pay all reasonable collection costs or other fees incurred. In the event of withdrawal from AAIMS-AHD, refunds will be made in accordance with the policy stated in the AAIMS-AHD Student Handbook.

SELECT YOUR PAYMENT CHOICE BELOW:

_____ Full Payment Plan (NO PLAN FEE) - Student (and if applicable, the Parent guarantees) applies for and agrees to pay the total charges for tuition.

_____ Term Payment Plan (5% PLAN FEE) - Student (and if applicable, the Parent guarantees) applies for and agrees to pay the total charges applicable under the Term Payment Plan.

_____ Monthly Payment Plan (5% PLAN FEE) - Student (and if applicable, the Parent guarantees) applies for and agrees to pay the total charges applicable under the Monthly Payment Plan.

The Student agrees (and if applicable, the Parent guarantees) to pay the total for each month, term or full payment, where applicable.

STUDENT NAME _____

SIGNATURE _____

PROGRAMME _____



AAIMS ALLIANCE HEALTH DIVISION LIMITED

PHOTO CONSENT FORM

I hereby grant **AAIMS-AHD** permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of **AAIMS-AHD** and will not be returned. I hereby irrevocably authorize **AAIMS-AHD** to exhibit or publish this photo for purposes of publicizing **AAIMS-AHD's** programmes or for any other lawful purpose. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge **AAIMS-AHD** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years or older and I'm competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Printed Name)

(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____ and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Parent/Guardian's Printed Name)

(Date)

EMAIL: aaims.ahd@gmail.com (KGN)

aaims.stu.coor@gmail.com (MDVL)

WEBSITE: www.ahdjamaica.com

Paramedical Institute of Choice

AAIMS-AHD wishes to assure each participant that all photos will NOT be used for any discriminating, unlawful or malicious practices.