

## Student Enrolment Form 2016 (Pre-Training Review)

**PERSONAL DETAILS (PLEASE PRINT CLEARLY)      FINANCIAL PLANNING COURSES (ASIC RG146)**

<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:                    /                    /
Surname:	First Name:	Middle Name:
Phone:	Mobile:	Email:
Home Address:	Street:	
Suburb:	State:	Postcode:
Postal Address (if different)		

**STATISTICAL INFORMATION (PLEASE TICK)**

Country of Birth: \_\_\_\_\_

Are you an Australian Citizen / Permanent Resident?       Yes       No

Holder of Permanent Visa (as a permanent resident)     

Temporay Protection Visa Holder     

Special Category Visa Holder (New Zealand citizen)     

East Timorese Asylum Holder     

Language Spoken at Home: \_\_\_\_\_

How well do you speak English?       Fluently       Very well       Well       Not Very Well       Not At All

Are you Aboriginal or Torres Strait Islander Origin?       Yes       No

Do you consider yourself to have a disability, impairment, learning issue or long term condition?       Yes       No

If yes, please select the one that describes your condition

Vision       Hearing       Physical       Medical Condition       Mental Illness

Intellectual       Computers

**CURRENT EMPLOYMENT INFORMATION**

<input type="checkbox"/> Full Time Employee	<input type="checkbox"/> Part Time
<input type="checkbox"/> Self Employed (not employing others)	<input type="checkbox"/> Unemployed – Seeking Full Time Work
<input type="checkbox"/> Unemployed – Seeking Part Time Work	<input type="checkbox"/> Casual
<input type="checkbox"/> Employer	<input type="checkbox"/> Employed – Unpaid Worker
<input type="checkbox"/> Not Employed – Not Seeking Work	<input type="checkbox"/> Other:

**EMPLOYER/ GUARDIAN INFORMATION (IF APPLICABLE)**

Company Name:			
Employer Address:			
Position Held:	Apprentice <input type="checkbox"/>	Trainee <input type="checkbox"/>	Other <input type="checkbox"/>
Work Phone:	Fax No:	Email:	
Employer Name:			

**EDUCATIONAL DETAILS (PLEASE TICK)**

What is your highest completed school level?

- Year 12  
 Year 11  
 Year 10

- Year 9 or equivalent  
 Year 8 or lower  
 Did not attend school

Are you still attending Secondary School

- Yes  No

In which year did you complete Secondary School: \_\_\_\_\_

What industry do you intend to work in on completing Course? \_\_\_\_\_

Have you successfully completed any of the following qualifications?:

- Certificate I     Certificate II     Certificate III     Certificate IV     Diploma  
 Advanced Diploma     Bachelor Degree     Higher Qualification     Overseas Qualification  
 Other than above    Institutions Name: \_\_\_\_\_

**STUDY REASON (PLEASE TICK)**

Which of the following BEST describes your main reasons for enrolling in this Course:

- To get a job     To try a different career  
 To get a better job or promotion     It is a requirement of my current job  
 To obtain extra skills for my job     To get into another course of study  
 To start my own business     To develop my existing business  
 For self development     Improve literacy

**COURSE SELECTION (PLEASE TICK)****(Office Use Only – if Applicable)****Type of Enrolment**

- Scholarship  
 Non Scholarship  
 Other

**State Funding Source Code (office use only) P** 

- WTP    LSG      
 ASP    WTL      
 P    ASL

**INFORMATION PROVIDED (PLEASE TICK) & STUDY MODE**

- Copy of Enrolment form     Melbourne Campus  
 Student Pre- assessment     Geelong Campus  
 Language, literacy and numeracy assessment     Workshop  
 RPL/CT explained and offered     Distance  
 Student information guide     Blended

**Please Fax Back Completed Forms to (03) 9602 4119 or Scan and Email to sales@ibi.edu.au**

I declare that:

- The information supplied regarding this application including my citizenship (residency), age and highest prior qualification, to the best of my knowledge is true and complete and knowingly provided with my consent.
- The provision of incorrect information and/or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal of a place offered by Investment Banking Institute Pty Ltd (IBI), at any stage during the course
- Information supplied may be disclosed to relevant State and Federal Government agencies and bodies (e.g. DEEWR) as appropriate to report enrolment details and for statistical purposes and you may need to participate in the National Student Outcomes Survey managed by the National Centre for Vocational Education and Research (NCVER) and/or advise students of the possibility of receiving an NCVER survey and/or an invitation to participate in a Department endorsed project and/or being contacted by the Commission (or persons authorised by the Commission) for audit purposes.
- Relevant information may be released to government and non-government agencies or other third parties (e.g. Department of Education Employment and Workplace Relations (DEEWR) that are legally entitled to contact and interview you, the Department of Immigration and Citizenship, Centrelink and the Australian Taxation Office) for the purpose of confirming my identity, and to verify my entitlement to become an enrolled student and receive government support (if applicable).

I hereby confirm my consent and voluntarily agree with Investment Banking Institute Pty Ltd (IBI)

- **To collect my town of birth, drivers license number, passport number or Medicare number (if available) or VISA Number**, any assessment results and other progress information to my Employer or Guardian or appropriate Government authority (If applicable).
- obtaining further information with respect to my application from other organisations and through 'QualSearch' for the purpose of determining eligibility (e.g. Confirm study and results from previous or current study)
- To communicate by electronic means (e.g. email) and other modern communication systems.
- Provide information to government, regulators, educational and any other relevant institutions for the purpose of research, statistical analysis, program elevation, regulatory compliance and internal management.
- To use my course assessments and feedback for course development, marketing and advertising material
- **Provide my Commonwealth "Unique Student Identifier" (USI) from the appropriate government authority by applying for a USI**
- to signing an agreed Training Plan and that I have read and understood the Pre-enrolment information including the Student Information Guide as it relates to my course and that I am proficient with Microsoft® Office, the Internet and email software on a personal computer.

**Student Name [ BLOCK LETTERS]:**

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_  
Surname \_\_\_\_\_

I confirm that I have read & understood IBI Student Information Guide & nature of IBI Training guarantee provided prior to signing this document  **Confirm**

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

Date: \_\_\_\_\_

**"Unique Student Identifier"**

**Employer Name / Guardian (If Applicable) [BLOCK LETTERS]:**

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IBI - Authorised Delegate - Name:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Eligibility Checks:**

**Residency Check (One required)**

Birth Certificate sighted Number \_\_\_\_\_  
Passport sighted Number \_\_\_\_\_  
Drivers licence sighted Number \_\_\_\_\_  
**"Unique Student Identifier"** Number \_\_\_\_\_

**VISA Number** \_\_\_\_\_ (compulsory if applicable)

Citizenship & Residency eligibility requirements  Yes  No

Evidence - ORIGINALS sighted & copied & placed on Student file

**Age/Identity Check (One required)**

Birth Certificate Number \_\_\_\_\_  
Passport Number \_\_\_\_\_  
Drivers Licence Number \_\_\_\_\_  
Medicare Card Number \_\_\_\_\_ (compulsory)

**Town of Birth** \_\_\_\_\_ (compulsory)

Age Eligibility requirements Satisfied

Yes  No

**PAYMENT DETAILS**

I wish to enrol in the following **Investment Banking Institute Pty Ltd** course(s)

Proposed Commentment Date:     /     /

City/Victoria:

Course Fees (Please tick)	Full Fee (GST-free)	
	Distance / Online	Workshop
(FNS50615) Diploma of Financial Planning	<input type="checkbox"/> \$2,699	<input type="checkbox"/> \$5,999
(FNS60415) Advanced Diploma of Financial Planning	<input type="checkbox"/> \$2,699	<input type="checkbox"/> \$5,999
(FNS50615) Diploma of Financial Planning (FNS60415) Advanced Diploma of Financial Planning	<input type="checkbox"/> \$4,999	<input type="checkbox"/> \$8,999
<b>Printed Hard Copy of Manuals</b>	<input type="checkbox"/> <b>\$800</b>	<input type="checkbox"/> <b>\$800</b>

**PAYMENT (PLEASE TICK)**

Please indicate how payment will be made for the course selected:

Cash                       Cheque                       Credit Card                       Bank Transfer

My cheque/money order payable to "Investment Banking Institute Pty Ltd" (ABN 45126400 824) is enclosed or

Please debit the amount indicated above to my credit card:

**Visa**                       **Mastercard**

Card No.   

Card Holder's Name (Please Print): \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ 3 or 4 digit security code is \_\_\_\_\_ (Compulsory)

**Your signature on the previous page authorises IBI to debit the nominated credit card with the total amount payable for the services ordered on this form and that you have the authority to provide that consent to use this credit card and have read our Fees and Charges Policy & Refund Policy**

**A Bank Transfer has been made to "Investment Banking Institute" BSB 013247 Account No. 478664332**

Transfer date":     /     /                      Bank of Origin:                      Reference No.

**VICTORIAN STUDENT NUMBER (VSI) & COMMONWEALTH UNIQUE STUDENT IDENTIFIER (USI)**

**Do you have a current Victorian Student Number? \_\_\_\_\_ or unknown?**

**If you don't have an Unique Student Identifier (USI) please apply by visiting [usi.gov.au](http://usi.gov.au) and following the application instructions. It is Free to apply for your USI (see below for further information)**

## UNIQUE STUDENT IDENTIFIER (USI) - PLEASE VISIT USI.GOV.AU

A Unique Student Identifier (USI) is a free reference number made up of numbers and letters that gives students access to their USI account. From 1 January 2015 if you are undertaking nationally recognised VET training you will need to have a Unique Student Identifier (USI).

The USI will make it easier for students to find and collate their VET achievements into a single authenticated transcript. It will also ensure that students' VET records are not lost. A USI gives you access to your online USI account which is made up of ten numbers and letters. A USI shall look something like this: 3AW88YH9U5. To learn more about USI Please visit [usi.gov.au](http://usi.gov.au)

## LANGUAGE, LITERACY AND NUMERACY (LLN)

Part of your pre-training review includes a language, literacy and numeracy (LLN) assessment. This is conducted with all potential students to identify any additional support needs and to enable an informed decision to be made in regard to your Training Plan. This support may be provided through extra tuition, modified assessment requirements or provision of alternate training materials. If you have any questions about this activity please call IBI.

**Please complete our LLN assessment. Contact your IBI consultant for any assistance you require.**

## PRE-TRAINING REVIEW

1. What do you do now? \_\_\_\_\_  
\_\_\_\_\_
2. What area do you want to work in? \_\_\_\_\_  
\_\_\_\_\_
3. What study are you doing to get there? \_\_\_\_\_  
\_\_\_\_\_
4. Have you applied for any jobs in that area? \_\_\_\_\_  
\_\_\_\_\_
5. Have you searched to see what skills you need to work in that area? \_\_\_\_\_  
\_\_\_\_\_