

FINANCIAL PLANNING COURSES (ASIC RG146)

PERSONAL DETAILS (PLEASE PRINT CLEARLY)

<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)

Temporaray 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?

- | | |
|--|--|
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 8 or lower |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Did not attend school |
| Are you still attending Secondary School | <input type="checkbox"/> Yes <input type="checkbox"/> 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?:

- | | | | | |
|---|--|---|---|----------------------------------|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate III | <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Higher Qualification | <input type="checkbox"/> Overseas Qualification | |
| <input type="checkbox"/> Other than above | Institutions Name: _____ | | | |

STUDY REASON (PLEASE TICK)

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

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It is a requirement of my current job |
| <input type="checkbox"/> To obtain extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> For self development | <input type="checkbox"/> Improve literacy |

COURSE SELECTION (PLEASE TICK) (OFFICE USE ONLY – IF APPLICABLE)

- | | |
|--|---|
| Type of Enrolment | State Funding Source Code (office use only) P <input type="checkbox"/> |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> WTP LSG <input type="checkbox"/> |
| <input type="checkbox"/> Non Scholarship | <input type="checkbox"/> ASP WTL <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> P ASL <input type="checkbox"/> |

INFORMATION PROVIDED (PLEASE TICK) & STUDY MODE (OFFICE USE ONLY)

- | | |
|---|---|
| <input type="checkbox"/> Copy of Enrolment form | <input type="checkbox"/> Melbourne Campus |
| <input type="checkbox"/> Student Pre- assessment | <input type="checkbox"/> Geelong Campus |
| <input type="checkbox"/> Language, literacy and numeracy assessment | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> RPL/CT explained and offered | <input type="checkbox"/> Distance |
| <input type="checkbox"/> Student information guide | <input type="checkbox"/> Blended |

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

TERMS AND CONDITIONS

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 <input type="checkbox"/> Confirm	Student Signature: _____ _____ "Unique Student Identifier" _____	Date:
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Employer Name / Guardian (If Applicable) [BLOCK LETTERS]: Address: _____ Mobile: _____	Signature: 	Date:
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IBI - Authorised Delegate - Name:	Signature: 	Date:
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Eligibility Checks: Birth Certificate sighted Passport sighted Drivers licence sighted Unique Student Identifier VISA Number _____ (compulsory if applicable) Citizenship & Residency eligibility requirements <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence - ORIGINALS sighted & copied & placed on Student file	Residency Check (One required) Number _____ Number _____ Number _____ Number _____	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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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PAYMENT DETAILS

I wish to enrol in the following **Investment Banking Institute Pty Ltd** course(s)
 Proposed Commentment Date: / / City/Victoria:

Course Details	Course Fees (GST-free)	
	Workshop	
(FNS50615) Diploma of Financial Planning	<input type="checkbox"/>	\$8,999
Printed Hard Copy of Manuals (each course)	<input type="checkbox"/>	\$ 300

PAYMENT (PLEASE TICK)

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

Cash Cheque Credit Card Bank Transfer (see below)

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 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

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? _____

Please Return Completed Forms to sales@ibi.edu.au

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