

**Please complete form and fax to 03 8677 6911**

### 1. Personal details

**PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM.**

#### CONTACT DETAILS

**Title:** Mr/Mrs/Ms/Miss/Dr    **First Name:** \_\_\_\_\_    **Middle Name(s):** \_\_\_\_\_    **Surname:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_    **Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Sex:** Male/Female

**Mobile:** \_\_\_\_\_    **Work #:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_    **Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_    **Postcode:** \_\_\_\_\_    **Country:** \_\_\_\_\_

*Course material is dispatched by courier to a street address during business hours. Please provide a street address for the course material as someone must be available to sign for the course material when delivered.*

As Residential Address; or  **Courier Address:** \_\_\_\_\_    **Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_    **Postcode:** \_\_\_\_\_    **Country:** \_\_\_\_\_

#### LANGUAGE AND CULTURAL DIVERSITY

**Country of Birth:** \_\_\_\_\_    **Are you of Aboriginal or Torres Strait Islander origin?** \_\_\_\_\_

**Proficiency in Spoken English:**     Very well     Well     Not well     Not at all

#### EDUCATION

**Highest completed school level?:** \_\_\_\_\_    **Year completed:** \_\_\_\_\_

**Please select any previous qualifications you may have received:**

Bachelor Degree or Higher Degree     Advanced Diploma or Associate Degree     Diploma (or Associate Diploma)     Certificate IV (or Advanced Certificate/Technician)

Certificate III (or Trade Certificate)     Certificate II     Certificate I     Certificates other than the above

#### EMPLOYMENT

**Please select your current employment status:**

Full-time employee     Part-time employee     Self employed - not employing others     Employer

Employed - unpaid worker in a family business     Unemployed - seeking full-time work     Unemployed - seeking part-time work     Not employed - not seeking employment

**Occupation:** \_\_\_\_\_    **Company Name:** \_\_\_\_\_

**Financial Services Industry Experience (over last 8 years):**     None     0-2 Years     3-5 Years     5 Years +

#### SPECIAL NEEDS

**Do you have any special needs that need to be taken into consideration to support your learning (e.g. disability, language, literacy, impairment)? If so, please specify:** \_\_\_\_\_



INTERNATIONAL  
INSTITUTE OF  
TECHNOLOGY

# Student Enrolment Form

## RG146 Tier 1 Specialist Risk Management Course

Please complete form and fax to 03 8677 6911

### 2. Course enrolment details (Please TICK):

Refer to <a href="http://www.iit.edu.au">www.iit.edu.au</a> for prices						
	Generic Knowledge (GK) *	Personal Advice / Financial Planning in Practice (FPP) *	Principles of Risk Management (PRM)	FULL Specialist Risk Management Course	Total \$	
RPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA	NA	
Distance Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Intensive Workshop	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne <input type="checkbox"/> Perth <input type="checkbox"/> Brisbane	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne <input type="checkbox"/> Perth <input type="checkbox"/> Brisbane	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne <input type="checkbox"/> Perth <input type="checkbox"/> Brisbane	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne <input type="checkbox"/> Perth <input type="checkbox"/> Brisbane		
Start Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __		
End Date	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __		
* GK is included in Personal Advice. Only select GK if you are completing GENERAL ADVICE studies					Total	\$
Normal course material dispatch by courier is FREE OF CHARGE \$0						
OPTIONAL Express Post surcharge (guaranteed next day delivery within Australia) \$10						
International Postage and Handling (only for OVERSEAS based students) \$100						
Total including additional postage if requested						\$

### 3. Payment details (Please TICK):

A direct debit was made to "International Institute of Technology" with details: **BSB: 803 140 / Account: 23137699**  
 Bank (from): \_\_\_\_\_ Reference ID Surname, First Initial Transfer Date (DD/MM/YY): \_\_ / \_\_ / \_\_

(If paying by direct debit, please ensure you attach a Payment Transfer Confirmation to your completed Enrolment Form.)

Please debit the amount indicated above to my:  VISA  MASTERCARD

No.:

Card Holder's Name: (Please print) \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Confirmation of your course enrolment & the relevant course materials will be sent upon FULL receipt of payment.

### 4. Student Declaration

I have read, understood and agree to all the information in the Student Information Guide, the privacy policy and all other terms and conditions as set out by IIT, including those contained in this enrolment form. I declare that all the information I have provided to IIT is accurate and true. I understand and agree that IIT reserves the right to refuse an enrolment. I understand IIT may take action if part or all of the information provided is false or misleading. Information may be shared with third parties in accordance with IIT's Privacy Policy and the AQTF compliance requirements. I also grant the right for IIT to email me information in relation to the products/services it offers and to use my student testimonial in any of its marketing materials, including website, brochures, flyers and alike.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please complete this form and scan/email to [education@iit.edu.au](mailto:education@iit.edu.au) or fax to +61 3 8677 6911

#### Internal Use Only:

S#:	WN:	COE:	TR:	TR#:	MD:	Label:	AB:

