

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: _____

Student Enrolment Form

RG146 Tier 1 Specialist Superannuation Course

Please complete form and fax to 03 8677 6911

2. Course enrolment details (Please TICK):

Refer to www.iit.edu.au for prices						
	Generic Knowledge (GK) *	Personal Advice / Financial Planning in Practice (FPP) *	Principles of Retirement and Superannuation (PRS)	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	\$
International Postage and Handling (only for OVERSEAS based students) \$100					Total includes international postage	\$

3. Payment details (Please TICK):

A direct debit was made to "International Institute of Technology Pty. Ltd." with details: **BSB: 803 140 / Account: 23177619**

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 or fax to +61 3 8677 6911

Internal Use Only:							
S#:	WN:	COE:	TR:	TR#:	MD:	Label:	AB: