

Student Enrolment Form

FNS60404

Advanced Diploma Financial Services (Financial Planning)

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:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificates other than the above |

EMPLOYMENT

Please select your current employment status:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self employed - not employing others | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employed - unpaid worker in a family business | <input type="checkbox"/> Unemployed - seeking full-time work | <input type="checkbox"/> Unemployed - seeking part-time work | <input type="checkbox"/> 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: _____

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2. Course enrolment details (Please TICK):

Refer to www.iit.edu.au for prices						
	Principles of Advanced Taxation Planning (PATP)	Principles of Advanced Estate Planning (PAEP)	Principles of Advanced Investment Planning (PAIP)	Principles of Statement of Advice Construction (PSOA)	FULL Advanced Diploma of Financial Services (Financial Planning)	Total \$
RPL	<input type="checkbox"/>	<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"/>	<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	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne <input type="checkbox"/> Perth <input type="checkbox"/> Brisbane	
Start Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
End Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
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: