



Student Enrolment Form

FNS60404

Advanced Diploma of Financial Services (Financial Planning)

Please complete form and fax to 03 8677 6911

1. Personal Details:

Title: Mr/Mrs/Ms/Miss/Dr: _____ Surname: _____ First Name: _____
 Preferred Name: _____ Date of birth (DD/MM/YY): _____
 Address (Postal): _____
 Work Phone: _____ Mobile: _____ Email: _____
 Occupation: _____ Company name: _____
 Qualification: Undergraduate _____ Post graduate _____ Other _____
 Financial Services Industry Experience (over last 8 years): None 0-2 Years 3-5 Years 5 Years +

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"/>	NA	NA
Distance Education						
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	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	
Total \$						

3. Payment details (Please TICK):

My **cheque** made payable to "International Institute of Technology Pty. Ltd." was posted on (date) __ / __ / __; or
 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): __ / __ / __
 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

