



Student Enrolment Form

Diploma of Quality Auditing

1. Student Details:

Family Name: Mr/Ms (circle) _____ Given Name: _____
 Mailing Address: _____ Post Code _____ State _____
 Work Fax: _____ Work Tel: _____ Mobile: _____
 Email: _____ Date of Birth: _____
 Special Needs (Yes/No) (details) _____ Occupation: _____
 Qualifications: Undergraduate _____ Post Graduate _____
 Job Scope : _____ Industry Experience: < 3 yrs >3 yrs

**IBI Return Fax:
(03) 9614 2728**

Strictly Confidential

a) Delivery & Individual Module/Course

**Classroom
Workshop
VICTORIA ONLY** **Distance**

Quality Management Systems (DQA1)	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$799
Risk Management (DQA2)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$499
Leadership (DQA3)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$499
ISO 9001 Quality Education Management (DQA4)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$499

Start a Career as a

- Quality Auditor
- Quality Management Systems advisor
- Quality specialist

FULL Diploma of Quality Auditing
b) Classroom \$3,996
c) Distance \$1,996

3. Payment Details (Please ✓ according):

I posted my cheque that was made payable to "Investment Banking Institute Pty. Ltd.": or
 Please debit the amount \$ _____ to my: Visa Mastercard
 No.:
 Card Holder's Name: (Please Print) _____ Expiry date ____/____
 Card Holder's Signature: _____
 A bank transfer has been made to "Investment Banking Institute Pty Ltd" BSB: 013 247 Account: 478664332
 Transfer Date: ____/____/____ Bank of Origin: _____ Reference _____

Tel : 1300 669 786

Fax: (03) 9614 2728

www.ibi.edu.au/quality

training@ibi.edu.au

Postal Address

**Investment Banking Institute
Level 2, 460 Collins Street
VIC 3000, Australia**

4. Student Declaration:

I declare that I have read & understood the Student Information Guide and agree to be bound by the terms and conditions stated therein. I further declare that all the information provided by me is true and correct. I also grant Investment Banking Institute Pty. Ltd. consent to use my personal information, photo, course feedback and email information about other future courses.

Signature: _____ Date ____/____/____

PRINT NAME _____

** Please complete the Recognition Pathway Kit Downloaded from www.ibi.edu.au, No fee for straight credit transfer