

PERSONAL DETAILS (I) (PLEASE PRINT CLEARLY)		MYOB PROGRAM	FAX (03) 9614 2728	
<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /		
Surname:	First Name:	Middle Name:		
Phone:	Mobile:	Email:		
Home Address:	Street:			
Suburb:	State:	Postcode:		
Postal Address (if different)				
STATISTICAL INFORMATION (PLEASE TICK)				
Country of Birth: _____				
Are you an Australian Citizen / Permanent Resident?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Holder of Permanent Visa (as a permanent resident)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporay Protection Visa Holder			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Category Visa Holder (New Zealand citizen)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
East Timorese Asylum Holder			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Language Spoken at Home: _____				
<input type="checkbox"/> How well do you speak English? <input type="checkbox"/> Fluently <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Very Well <input type="checkbox"/> Not At All				
Are you Aboriginal or Torres Strait Islander Origin?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself to have a disability, impairment or long term condition?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please select the one that describes your condition:				
<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Other			
EMPLOYMENT INFORMATION (IF APPLICABLE)				
<input type="checkbox"/> Full Time Employee		<input type="checkbox"/> Part Time		
<input type="checkbox"/> Self Employed (not employing others)		<input type="checkbox"/> Unemployed – Seeking Full Time Work		
<input type="checkbox"/> Unemployed – Seeking Part Time Work		<input type="checkbox"/> Casual		
<input type="checkbox"/> Employer		<input type="checkbox"/> Employed – Unpaid Worker		
<input type="checkbox"/> Not Employed – Not Seeking Work		<input type="checkbox"/> Other:		
EMPLOYER/ GUARDIAN INFORMATION (IF APPLICABLE)				
Company Name:				
Employer Address:				
Position Held:				
Work Phone:	Fax No:	Email:		
Employer Name:				

I declare that:

- The information supplied regarding this application including my citizenship (residency), age and highest prior qualification, to the best of my knowledge is true and complete and knowingly provided with my consent.
- The provision of incorrect information and/or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal of a place offered by Investment Banking Institute Pty Ltd (IBI), at any stage during the course undertaken.
- Information supplied may be disclosed to relevant State and Federal Government agencies and bodies (e.g. DEEWR, Skills Victoria) as appropriate to report enrolment details and for statistical purposes
- Relevant information may be released to government and non-government agencies or other third parties (e.g. Department of Education Employment and Workplace Relations (DEEWR) that are legally entitled to contact and interview you, the Department of Immigration and Citizenship, Skills Victoria, Centrelink and the Australian Taxation Office) for the purpose of confirming my identity, and to verify my entitlement to become an enrolled student and receive government support (if applicable).

I hereby consent, agree to and understand, as well as voluntarily provide permission for Investment Banking Institute Pty Ltd (IBI)

- To provide assessment results and other progress information to my Employer or Guardian (If applicable).
- To obtain further information with respect to my application from other organisations and through 'QualSearch' for the purpose of determining eligibility (e.g. Confirm study and results from previous or current study)
- To communicate with me by electronic means (e.g. email) and other modern communication systems.
- Provide information to government, regulators, educational and any other relevant institutions for the purpose of research, statistical analysis, program elevation, regulatory compliance and internal management.
- To use my course assessments and feedback for course development, marketing and advertising material
- To use photos of me taken at IBI courses for the purposes of training and marketing and
- Claim that I may bound to the terms and conditions contained in IBI Student Information Guide that I have read and understood & sought independent advice.

Student Name [PRINT USE BLOCK LETTERS]: First Name: _____ Last Name: _____	Student Signature:	Date:
Employer Name / Guardian (IF APPLICABLE) [PRINT USE BLOCK LETTERS]: Address / Mobile	Signature:	Date:
IBI Representative Name:	Signature:	Date:

<u>Eligibility Checks</u>	Residency Check (One reqd)	Age/Identity Check (One reqd)
Birth Certificate sighted	Number _____	Birth Certificate Number _____
Passport sighted	Number _____	Passport Number _____
Drivers Licence sighted	Number _____	Drivers Licence Number _____
Green Medicare card sighted	Number _____	Green Medicare card Number _____

Citizenship & Residency eligibility requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age Eligibility requirements Satisfied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence sighted or copied or placed on Student file	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAYMENT DETAILS

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I wish to enrol in the following Investment Banking Institute Pty Ltd Course(s)

Proposed Commencement Date: / /

City/Victoria:

	Duration	Course Fees (incl. of GST)		
		Skills Victoria Funded	Full Fee (Distance)	Full Fee (Workshop)
<input type="checkbox"/> MYOB Essentials (Certificate IV in Bookkeeping)	5 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$849	<input type="checkbox"/> \$1649
<input type="checkbox"/> MYOB Advanced (Certificate IV in Bookkeeping)	7 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$1349	<input type="checkbox"/> \$2699
<input type="checkbox"/> MYOB Comprehensive (Certificate IV in Bookkeeping)	12 Days	<input type="checkbox"/> \$495	<input type="checkbox"/> \$1999	<input type="checkbox"/> \$3999
<input type="checkbox"/> MYOB Short Courses (Certificate IV in Bookkeeping)				
<input type="checkbox"/> Working With MYOB Accounts	2 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$349	<input type="checkbox"/> \$599
<input type="checkbox"/> Accounts Payable & Accounts Receivable	2 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$349	<input type="checkbox"/> \$599
<input type="checkbox"/> Payroll Management	2 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$349	<input type="checkbox"/> \$599
<input type="checkbox"/> Business & Instalment Activity Statements	2 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$349	<input type="checkbox"/> \$599
<input type="checkbox"/> Inventory Management	2 Days	<input type="checkbox"/> \$209	<input type="checkbox"/> \$349	<input type="checkbox"/> \$599
<input type="checkbox"/> Financial Statements & Reporting	1 Day	<input type="checkbox"/> \$209	<input type="checkbox"/> \$349	<input type="checkbox"/> \$599

Note: IBI offers both Day and Evening classes. Evening classes are normally twice the duration of Day Courses, e.g. 2 Days = 4 Evenings

PAYMENT (PLEASE TICK)

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Please indicate how payment will be made for the course selected:

Cash Cheque Credit Card Bank Transfer

My cheque/money order payable to "Investment Banking Institute Pty Ltd" (ABN 45126400 824) is enclosed, or

Please debit the amount indicated above to my credit card:

Visa Mastercard

No.

Card Holder's Name (Please Print): _____ Expiry: _____ / _____

Card Holder's Signature: _____

A Bank Transfer has been made to "Investment Banking Institute" BSB 013247 Account No. 478664332

Transfer date": / / Bank of Origin: Reference No.

IBI Enrolment Form¹ - Fax Back to (03) 9614 2728

¹ Completion of the course is optional at the complete discretion of the Student. Please re-read IBI SIG. We do not provide financial or legal advice.