

# SMSF Advisor Program

Advanced Diploma of Superannuation (FNS60510)

PERSONAL DETAILS (I) (PLEASE PRINT CLEARLY) SELF MANAGED SUPER FUND 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"/>
Temporaray Protection Visa Holder		<input type="checkbox"/>
Special Category Visa Holder (New Zealand citizen)		<input type="checkbox"/>
East Timorese Asylum Holder		<input type="checkbox"/>
Language Spoken at Home: _____		
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"/> Intellectual	<input type="checkbox"/> Other	<input type="checkbox"/> Medical Condition
		<input type="checkbox"/> Mental Illness
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:		

What is your highest completed school level?

- |  |  |
|--|--|
| <input type="checkbox"/> Year 12         | <input type="checkbox"/> Year 9 or equivalent            |
| <input type="checkbox"/> Year 11         | <input type="checkbox"/> Year 8 or lower                 |
| <input type="checkbox"/> Year 10         | <input type="checkbox"/> Did not attend school           |
| Are you still attending Secondary School | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In which year did you complete Secondary School: \_\_\_\_\_

Have you successfully completed any of the following qualifications?:

- |   |  |   |   |                                  |
|---|--|---|---|----------------------------------|
| <input type="checkbox"/> Certificate 1    | <input type="checkbox"/> Certificate 11  | <input type="checkbox"/> Certificate 111      | <input type="checkbox"/> Certificate 1V         | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Higher Qualification | <input type="checkbox"/> Overseas Qualification |                                  |
| <input type="checkbox"/> Other than above | Name: _____                              |   |   |                                  |

STUDY REASON (PLEASE TICK)

Which of the following BEST describes your main reasons for enrolling in this Course:

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                      | <input type="checkbox"/> To try a different career             |
| <input type="checkbox"/> To get a better job or promotion  | <input type="checkbox"/> It is a requirement of my current job |
| <input type="checkbox"/> To obtain extra skills for my job | <input type="checkbox"/> To get into another course of study   |
| <input type="checkbox"/> To start my own business          | <input type="checkbox"/> To develop my existing business       |
| <input type="checkbox"/> For self development              | <input type="checkbox"/> Improve literacy                      |

COURSE SELECTION (PLEASE TICK)

**(Office Use Only)**

**Type of Enrolment**

**State Funding Source Code (office use only)**

- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> Skills for Victoria – Skills Deepening (Diploma & Adv Dip) | <input type="checkbox"/> P   |
| <input type="checkbox"/> Skills for Victoria – Skills Building (Cert III & Cert IV) | <input type="checkbox"/> YRP |
| <input type="checkbox"/> Skills for Victoria – Skills Creation (Cert I & Cert II)   | <input type="checkbox"/> RWP |

INFORMATION PROVIDED (PLEASE TICK) & STUDY MODE

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Enrolment form                     | <input type="checkbox"/> Melbourne Campus  |
| <input type="checkbox"/> Student Pre- assessment                    | <input type="checkbox"/> Geelong Campus    |
| <input type="checkbox"/> Language, literacy and numeracy assessment | <input type="checkbox"/> Workshop          |
| <input type="checkbox"/> RPL/CT explained and offered               | <input type="checkbox"/> Distance / Online |
| <input type="checkbox"/> Student information guide                  | <input type="checkbox"/> Blended           |

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
- have signed an agreed training Plan as required under the Skills Victoria Funding arrangement and  
To be bound by the terms and conditions contained in the IBI Student Information Guide that I have read and understood

Student Name [PRINT USE BLOCK LETTERS]: First Name: _____ Surname Name _____	Student Signature:	Date:
Employer Name / Guardian (IF APPLICABLE) [PRINT USE BLOCK LETTERS]: Address / Mobile	Signature:	Date:
IBI Representative Name:	Signature:	Date:
<p><b>Eligibility Checks:</b></p> Birth Certificate sighted _____ Passport sighted _____ Drivers licence sighted _____ Green Medicare card sighted _____ Citizenship & Residency eligibility requirements <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence sighted or copied or placed on Student file	<p><b>Residency Check (One required)</b></p> Number _____ Number _____ Number _____ Number _____	<p><b>Age/Identity Check (One required)</b></p> Birth Certificate Number _____ Passport Number _____ Drivers Licence Number _____ Medicare Card Number _____ Age Eligibility requirements Satisfied <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Proposed Commentment Date:     /     /

City/Victoria:

Government Funded Course (Please tick)	Months (Duration)	Course Fees (incl. of GST)
<input type="checkbox"/> <b>SMSF Advisor Program</b> Advanced Diploma of Superannuation (FNS60510)	<b>(4 - 8 months)</b> <b>SMSF Advisor Program</b> SMSF Borrowing Strategies SMSF Deal Structures Drafting SMSFSoAs	<b>\$650</b>

**PAYMENT (PLEASE TICK)**

Please indicate how payment will be made forthe 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.

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## Enrolment Form : Fax Back to (03) 9614 2728