

PERSONAL DETAILS (PLEASE PRINT CLEARLY)		
<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		
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"/>
Tempoaray 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 ot 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 INFORMATION (IF APPLICABLE)		
Company Name:		
Employer Address:		
Position Held:		
Work Phone:	Fax No:	Email:
Employer Name:		

EDUCATIONAL DETAILS

What is your highest completed school level?

Year 12

Year 11

Year 10

Year 9 or equivalent

Year 8 or lower

Did not attend school

Are you still attending Secondary School

Yes

No

In which year did you complete Secondary School: _____

Have you successfully completed any of the following qualifications:

Certificate 1

Certificate 11

Certificate 111

Certificate 1V

Diploma

Advanced
Diploma

Bachelor
Degree

Higher
qualification

Certificate other than above

Name: _____

STUDY REASON

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

To get a job

To get a better job or promotion

To obtain extra skills for my job

To start my own business

For self development

To try a different career

It is a requirement of my current job

To get into another course of study

To develop my existing business

COURSE SELECTION

FNS50804 Diploma of Financial Services (Financial Planning)

FNS60404 Advanced Diploma of Financial Services (Financial Planning)

BSB51607 Diploma of Quality Auditing

Type of Enrolment (Office Use Only)

Skills for Victoria – Skills for Growth

Skills for Victoria – Skills Deepening

INFORMATION PROVIDED

Copy of Enrolment form

Student Pre- assessment

Language, literacy and numeracy assessment

RPL/CT explained and offered

Student information guide

TERMS AND CONDITIONS

I declare that:

- The information supplied regarding this application including my citizenship, age and highest prior qualification, to the best of my knowledge is true and complete.
- 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), 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 voluntarily provide permission for Investment Banking Institute Pty Ltd (IBI)

- (If applicable) To provide assessment results and other progress information to my Employer.
- 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)
- Provide information to government, educational and any other relevant institutions for the purpose of research, statistical analysis, program elevation and internal management.
- To use course feedback on marketing and advertising material
- To use photos of me taken at IBI courses for the purposes of marketing and
- To be bound by the terms and conditions contained in the IBI Student Information Guide.

Student Name [PRINT BLOCK LETTERS]:

First Name _____

Surname Name _____

Student Signature:

Date:

Employer Name (IF APPLICABLE):

Address

Signature:

Date:

IBI Representative Name:

Signature:

Date:

Eligibility Checks:

Residency Check (One required)

Birth Certificate sighted Number _____

Passport sighted Number _____

Drivers licence sighted Number _____

Green Medicare card sighted Number _____

Citizenship & Residency eligibility requirements Yes No

Evidence sighted or copied and placed on Student file

Age/Identity Check (One required)

Birth Certificate Number _____

Passport Number _____

Drivers Licence Number _____

Medicare Card Number _____

Age Eligibility requirements Met

Yes No

PAYMENT DETAILS

I wish to enrol in the following Investment Banking Institute Pty Ltd (IBI) Australia's course

Proposed Commentment Date: / /

City/Victoria:

Government Funded Course (Please tick)**Months****Fee (inclusive of GST)**

<input type="checkbox"/> FNS50804 Diploma of Financial Services (Financial Planning)	4 – 8	\$495
<input type="checkbox"/> FNS60404 Advanced Diploma of Financial Services (Financial Planning)	4 – 8	\$495
<input type="checkbox"/> BSB51607 Diploma of Quality Auditing	4 – 8	\$999

PAYMENT

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.