

DIPLOMA OF FINANCIAL PLANNING

(FNS50615)

To complete your enrolment form:

1. Complete all the questions by typing or writing into the spaces provided. Fields marked with * are compulsory
2. Read and sign the declaration at the end of the form by typing your full name
3. Provide a copy of only one form of ID (eg. driver's licence, passport, birth certificate, medicare card)
4. Save and then email the completed enrolment form together with a scanned copy of your ID to pathways@publicaccountants.org.au

1 Personal Information

Salutation*: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Full Name*:

Preferred Name: Gender*: ☐ Male ☐ Female

Date of Birth*:

Permanent Residential Address (Cannot be a P.O. Box)

Street Address*:

Suburb*: State*:

Postcode*: Country*:

Business Details

Company: Job Title:

Street Address or PO Box:

Suburb: State:

Postcode: Country:

Primary Mailing Address*: ☐ Residential or ☐ Business

LinkedIn URL:

Office Phone: () Home Phone*: ()

Mobile Phone*:

Primary Email*:

Other Email:

Membership Number:

Have you previously studied with Mentor Education*? (Previously known as RG146 Training Australia)

☐

Yes

☐

No

2 Unique Student Identifier (USI)

All students undertaking any Nationally Recognised Training delivered by a Registered Training Organisation (RTO) are required by law to provide an USI. We cannot issue your Qualification or Statement of Attainment without an USI. To create an USI, please visit www.USI.gov.au

Your USI*:

3 Course and Modules

Note (Office use only):

| Diploma of Financial Planning & SMSF | Online | Workshops | | RPL |
|--------------------------------------|---------------------------------|---------------------------------|------|--|
| | Price | Price | Days | |
| Full Course Enrolment Discount | <input type="checkbox"/> \$2190 | <input type="checkbox"/> \$3790 | 8 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

or

| Individual Subjects | | | | |
|--|--------------------------------|--------------------------------|---|--|
| DFP1 - Financial Advice | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$675 | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DFP2 - Life Insurance | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$675 | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DFP3 - Superannuation | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$675 | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DFP4 - Investment Planning | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$675 | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SMSF | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$675 | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Statement of Advice Preparation - Part 1 | | <input type="checkbox"/> \$235 | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Statement of Advice Preparation - Part 2 | | <input type="checkbox"/> \$470 | 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4 Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

☐

To get a job

☐

To develop my existing business

☐

Personal interest or self-development

☐

To start my own business

☐

To try for a different career

☐

To ensure legal compliance with TPB

☐

To get a better job or promotion

☐

It was requirement of my job

☐

Other reasons

☐

I wanted extra skills for my job

☐

To get into another course of study

5 Language and cultural diversity

In which country were you born*?

☐ Australia

☐ Other, please specify:

Do you speak a language other than English at home*?

☐ No, English only

☐ Yes, please specify:

How well do you speak English*?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

Are you of Aboriginal or Torres Strait Islander origin*?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

6 Disability

Do you consider yourself to have a disability, impairment or long-term condition*?

☐ Yes

☐ No

If YES, please select the area(s) in the following list: (You may indicate more than one area)

☐ Hearing/deaf

☐ Physical

☐ Learning

☐ Intellectual

☐ Vision

☐ Acquired Brain Impairment

☐ Mental Illness

☐ Medical Condition

☐ Other, please specify:

7 Schooling

What is your highest COMPLETED school level*?

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent

☐ Year 8 or below

☐ Never attended school

In which YEAR did you complete that school level*?

Are you still attending secondary school*?

☐ Yes

☐ No

Did you complete Year 12 in Australia*?

☐ Yes, what year?

☐ No

Please provide the name of the suburb/town with the postcode of your permanent home residence in Year 12

Suburb/town:

Postcode:

8 Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the following qualifications*?

☐ Yes

☐ No

If YES, then tick ANY applicable boxes.

☐ Bachelor degree or higher degree

☐ Advanced diploma or associate degree

☐ Certificate I

☐ Diploma (or associate diploma)

☐ Certificate IV (or advanced technician)

☐ Other Certificates

☐ Certificate III (or trade certificate)

☐ Certificate II

9 Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)*

☐ Self employed - not employing others

☐ Full-time employee

☐ Part-time employee

☐ Unemployed - seeking full-time work

☐ Employed - unpaid worker in a family business

☐ Not employed - not seeking employed

☐ Unemployed - seeking part-time work

10 Statements and Conditions

Privacy Statement

I understand that MENTOR EDUCATION (A&NZ) is a Registered Training Organisation [RTO 21683] registered with the Australian Skills Quality Authority [ASQA] and is required to comply with the Privacy Act 1988 and the regulatory guidelines as determined by ASQA in compliance with the National Vocational and Training Regulation Act 2011.

I understand that from time to time MENTOR EDUCATION (A&NZ) is required to provide student and training activity data or reports in accordance with regulatory guidelines, as instructed by its governing registering body or government authority or in compliance with the terms and conditions of contracts for government funded training.

I understand that MENTOR EDUCATION (A&NZ), the government or relevant authority may use this information to assist in planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, MENTOR EDUCATION (A&NZ), the government or relevant authority may also disclose information to its consultants, advisers, various government agencies, media partners, professional bodies and/or other organisations. For more information in relation to how student information may be used or disclosed refer to the [Privacy Policy](#)

Fees and Refunds

Fees and refunds are detailed in Mentor Education [Student Information Guide](#)

The following is a summary of key points:

- Student have two attempts to complete multiple-choice assessments. A third attempt is available for a fee of \$15.
- An extension of time is available at a fee of \$145.
- If a learner re-enrols in a course that has lapsed, the learner will receive a 20% discount off the recommended retail price published on the Institute of Public Accountants website.
- Re-issue of a certificate (partial or full completion) will attract a \$50 fee for each.
- Re-issue of manuals will attract a \$75 fee for each manual. This fee includes postage costs within Australia.

Refunds will not be applicable in instances where materials have been distributed or where external provider fees are due. A refund of course fees may be made when MENTOR EDUCATION (A&NZ) is unable to proceed with the scheduled training. For further information refer to the [Student Information Guide](#).

Verifying Your Past Qualifications

If you wish to claim National Recognition or Recognition of Prior Learning (RPL) for courses you have previously completed, please sign consent on the following page. I authorise MENTOR EDUCATION (A&NZ), to collect use, disclose and store personal information about me for the purposes of enrolment and verifying my qualifications.

I agree not to assert any claims or cause of action of any kind against MENTOR EDUCATION (A&NZ), their agents, clients, employees, and the individuals contacted by MENTOR EDUCATION (A&NZ) arising out of their qualification verification enquiry. I certify that all my qualifications are true and correct.

Declarations

I declare that to the best of my knowledge all the information supplied in, and with this enrolment form is true and complete, I agree to abide by the conditions described in the Student Information Guide and in the terms and conditions contained therein. I consent to:

- The disclosure of personal information as described in the privacy statement.
- Mentor Education and Institute of Public Accountants emailing me information in relation to its products and services.
- Mentor Education and Institute of Public Accountants providing information to media, education, career and industry association partners for the purpose of providing you with industry eNewsletters, industry association membership, assist with you learning
- Mentor Education and Institute of Public Accountants using my course feedback and any content collected during my studies in marketing and course content.

☐

I have read, understood, and agreed with these statements and conditions

Signature:

Date:

By entering my full name above, I understand and acknowledge that this constitutes a legally-binding digital signature.

11 Application Checklist

Before submitting your Student Enrolment Form, please ensure:

☐

I have completed all questions required of me on the Student Enrolment Form

☐

I have read and accepted the terms in the Declaration on the previous page

☐

I have provided a copy of one form of suitable identification (e.g., driver's licence, passport, birth certificate, or medicare card)

☐

I have completed the payment details in the next section as required

12 Payment Method

Amount:

Note:

(Office use only)

Choose your payment option

☐

Credit Card

☐

Visa

☐

MasterCard

☐

American Express

Card Number:

CVV:

Cardholder's Name:

Expiry:

Signature:



By entering my full name above, I acknowledge that this constitutes a legally binding digital signature and I hereby authorise Institute of Public Accountants to charge my credit card for the enrolment in the amounts listed above.

☐

Electronic Funds Transfer (EFT)

Acc Name: Institute of Public Accountants

Transfer date:

Bank: National Australia Bank

BSB Number: 083 054

Reference*:

Acc Number: 464544727

* For the reference, please put CIVBK + Your Surname, eg. John Smith will have the reference: CIVBKSMITH

IMPORTANT: Please email confirmation of the transfer along with this enrolment form to pathways@publicaccountants.org.au

Please send the completed enrolment form and supporting documentation to:

Email

pathways@publicaccountants.org.au

Fax

(03) 8665 3130

Mail

Institute of Public Accountants, GPO Box 1637, Melbourne VIC 3001