

Continuing Professional Development Subscription Form

To complete your subscription 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. List all the CPD users
4. Save or scan and then email the completed subscription form to pathways@publicaccountants.org.au

1 Responsible Manager Details

Salutation*: Dr Mr Mrs Ms Miss Other

Full Name*:

Preferred Name: Gender*: Male Female

Role*:

Office Phone*: () Mobile Phone:

Email Address*:

Organisation*:

ABN*:

Street Address*:

Suburb: State:

Postcode: Country:

2 Subscription Fee

Price per year per user:

3 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](#)

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, education partners, professional bodies and/or other organisations. In some instances our education partners will contact you directly to assist with you learning or suggest other tools that can help with your professional and career development.

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 agree 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.

4 Payment Method

Credit Card

Visa

MasterCard

American Express

Card Number:

CWV:

Card 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.

Email

pathways@publicaccountants.org.au

Fax

(03) 8665 3130

Mail

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