



CERTIFICATE IV IN ACCOUNTING (FNS40615)

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 Persona	l Information				
Salutation*:	Dr Mr Mrs Ms 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:	Membership Number:				
Have you previously stud	Have you previously studied with Mentor Education*? (Previously known as RG146 Training Australia) Yes No				
All students undertaking law to provide an USI. We www.USI.gov.au Your USI*:	lent Identifier (USI) any Nationally Recognised Training cannot issue your Qualification or Modules the Cert IV in Accounting/Bookkeep	Statement of Attainr Note (Office use only	nent without an USI. T	-	_
-	plication fee of \$150 will be charged	_	Yes No		
	ne administrative work for processing multiple p I to you in the form of full course enrolment dis			ords, and organising credit	transfer if
Certificate IV in Acc	counting (FNS 40615)	Online Price	RPL		
Full Course Enrolme Add the Certificate IV i as a dual qualification	n Bookkeeping (FNS40215)	\$2190 \$340	Yes No		
	or —				
Group of Units AC 1 - Accounting For AC 2 - Business Rep AC 3 - BAS And Payr AC 4 - OHS, Invento	orting	\$700 \$700 \$480 \$510	Yes No Yes No Yes No Yes No		
	or				
extract interim repo	ss financial transactions and orts	\$190	Yes No		
		\$170 \$170	Yes No		
·	ish and Maintain a Cash	\$170	Yes No		

AC 2 - Business Reporting			
FNSACC402 - Prepare operational budgets	\$190	Yes No	
BSBFIA401 - Prepare Financial Reports	\$170	Yes No	
FNSACC302 - Administer Subsidiary Accounts and Ledgers	\$170	Yes No	
FNSACC404 - Prepare Financial Statements for Non Reporting Entities	\$170	Yes No	
AC 3 - BAS And Payroll FNSBKG405 - Establish and Maintain a Payroll System	\$240	Yes No	
FNSBKG404 - Carry Out Business Activity and Instalment Activity Statement Tasks	\$240	Yes No	
AC 4 - OHS & Inventory BSBWHS201 - Contribute to Health and Safety of Self and Others	\$170	Yes No	
FNSACC405 - Maintain Inventory Records	\$170	Yes No	
BSBITU306 - Design and Produce Business Documents	\$170	Yes No	
Units from Certificate IV in Bookkeeping (FNS40215) for dual qualifications			
FNSBKG401 - Develop and Implement Policies and Procedures Relevant to Bookkeeping Activities	\$170	Yes No	
FNSBKG403 Establish and Maintain an Accrual Accounting System (Prerequisite is FNSBKG402)	\$170	Yes No	
4 Study Reason			
Of the following categories, which BEST describes your mair	n reason for undertal	king this course/trair	neeship/apprenticeship?
	my existing business		interest or self-development
To start my own business To try for a	different career	To ensure	e legal compliance with TPB
To get a better job or promotion It was requi	irement of my job	Other rea	isons
I wanted extra skills for my job To get into	another course of stu	udy	
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*?	y well Well	I	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 disablity, impairment or long-term condition*?					
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*?					
Did you complete Year 12 in Australia*? Yes, what year? No					
Please provide the name of the suburb/town with the Suburb/town: Postcode:					
postcode of your permanent home residence in Year 12					
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? (<i>Tick ONE box only</i>)*					
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
Signat	ure: Date:
	By entering my full name above, I understand and acknowledge that this constitutes a legally-binding digital signature.
11	Application Checklist
Before	e 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 consitutes 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 CIVACCTG + Your Surname, eg. John Smith will have the reference: CIVACCTGSMITH
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 Fax Mail pathways@publicaccountants.org.au (03) 8665-3130 Institute of Public Accountants. GPO Box 1637, Melbourne VIC 3001