



THE FINANCIAL SERVICES SCHOOL ENROLMENT FORM

PERSONAL DETAILS	
Date of birth: / /	
Title:	Given Name:
Surname:	Middle Name:
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address:	Phone: (BH):
Suburb:	(AH):
State:	Postcode:
Home Email:	Fax:
	Business Email:
Employer:	
Business Address:	
Name of contact person:	
Current Job Title & Description of Job Role:	
Future Job Role (if applicable)	

EDUCATIONAL QUALIFICATIONS												
** This section must be completed in order to determine eligibility for traineeship – it applies to ANY completed qualification **												
Have you successfully completed any nationally accredited qualifications? (Please tick)												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Certificate I</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Certificate II</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Certificate III</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Certificate IV</td> <td style="padding: 5px;"><input type="checkbox"/> Diploma</td> <td style="padding: 5px;"><input type="checkbox"/> Advanced Diploma</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Associate Diploma</td> <td style="padding: 5px;"><input type="checkbox"/> Associate Degree</td> <td style="padding: 5px;"><input type="checkbox"/> Bachelor Degree or higher</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Trade Certificate</td> <td style="padding: 5px;"><input type="checkbox"/> Advanced Certificate/Technician</td> <td style="padding: 5px;"><input type="checkbox"/> Certificates other than the above</td> </tr> </table>	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Diploma	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Associate Diploma	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor Degree or higher	<input type="checkbox"/> Trade Certificate	<input type="checkbox"/> Advanced Certificate/Technician	<input type="checkbox"/> Certificates other than the above
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<input type="checkbox"/> Trade Certificate	<input type="checkbox"/> Advanced Certificate/Technician	<input type="checkbox"/> Certificates other than the above										
If you have ticked one of the above, please provide further details: Year completed: Name of Education Body:												

COURSE ENROLMENT – Insurance Streams (please tick)	
<input type="checkbox"/> Certificate III in Insurance Broking	<input type="checkbox"/> Certificate IV in Loss Adjusting
<input type="checkbox"/> Certificate IV in Insurance Broking	<input type="checkbox"/> Diploma in Loss Adjusting
<input type="checkbox"/> Diploma of Insurance Broking	<input type="checkbox"/> Certificate III in General Insurance
<input type="checkbox"/> Tier 2 General Insurance Short course	<input type="checkbox"/> Certificate IV in General Insurance
<input type="checkbox"/> Tier 1 Insurance Broking short course	<input type="checkbox"/> Diploma of General Insurance

ADDITIONAL INFORMATION**** Please complete the following details about your prior education and learning background. ****

Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Other (please specify) _____
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other - Please specify _____
If yes, how well do you speak English?	<input type="checkbox"/> Assistance required <input type="checkbox"/> No assistance required
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Are you still attending secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is your highest COMPLETED school level? (Tick ONE box only.)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
In which YEAR did you complete that school level?	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify) _____
Do you require assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENROLMENT FEES

A \$750 enrolment fee must accompany this enrolment form.
The FSS will confirm your enrolment on receipt of the enrolment fee.

Please pay via EFT to:

PAYMENT DETAILS

EFT

Account Name: The Financial Services School
Bank: CBA
BSB: 064-185
Account Number: 1012 6269
Reference: Your first initial and surname (eg. J Smith)

CREDIT CARD

Please debit my credit card Visa MasterCard (please tick ✓)

Card Number

Cardholders Name _____

Expiry Date /

Signature of Cardholder _____

DECLARATION/UNDERTAKING

I declare that to the best of my knowledge and information supplied in this enrolment is correct and complete.

By signing this enrolment I understand I am committing myself to completing the traineeship/course. I am required to complete all the activities and work set down by the trainer from The Financial Services School. I understand I am required to actively seek assistance if I am experiencing any difficulties completing the course.

Signed _____ Dated _____