

Section 1 — Personal Information

Kaplan student ID			
Title:		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First name		Surname	
Email		Date of birth	
Job title		Organisation	
Telephone	(W)	(H)	(M)
Are you an authorised representative/employee of an AFS licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of licensee			
Name of training manager		Email	
Company name (must be provided if you select a business address as your delivery address)			
Residential address (This is a requirement for government reporting purposes, please do not enter a PO Box address)		Delivery address <input type="checkbox"/> Business <input type="checkbox"/> Same as residential address (must be the daytime delivery address that will be used for all correspondence)	
Building/Property name		Building/Property name	
Flat/Unit number		Flat/Unit number	
Street number		Street number	
Street name		Street name	
Suburb/Town		Suburb/Town	
State		State	
Postcode		Postcode	
Country		Country	
Do you have any special needs that need to be taken into account to support your learning (e.g. language, literacy, access)?			Please specify below: Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2 — Entry Requirement

There are entry requirements for attaining the AFA Chartered Designations.

You are required to provide evidence of **one** of the following with your application:

- An Undergraduate Degree*, or
- A related Advanced Diploma*, or
- A related Diploma* plus 5 out of the last 8 years related industry experience.
- To satisfy this entry requirement you must:
 1. Provide a detailed resume including; job title and tenure in each position and an outline of duties/responsibilities undertaken in each position held and authority to provide advice in each position held. This is in addition to your Diploma certification.

*Please review the Provisions of Entry Requirement Documents PDF available on the website for certifying these documents

www.kaplanprofessional.edu.au.

Please acknowledge that you have reviewed and fulfilled these pre-requisites by ticking this box and include a certified copy of this evidence with your enrolment form

Section 3 — Automatic Exemptions

Automatic exemptions into AFA subjects apply if you have completed units from the CFP program as list below.

Please ensure you provide certified copies of your certificates and transcripts (copies to be certified by a Justice of the Peace or originals sighted by a Campus AFA staff member) with your enrolment form.

If you have completed	Automatic exemption for the following AFA Subjects
CFP1 FPA Professionalism	AFA4 Professional Conduct & Governance for Financial Advisers
CFP2 Applied Strategies 1, CFP3 Applied Strategies 2 and CFP4 Investment Strategies	AFA3 Advanced Advice Solutions

SECTION 4 — DESIGNATION/SUBJECT SELECTION		SELECT STUDY PERIOD	TICK AS REQUIRED
(Specify which study period you would like to commence each subject. Please see our website for important dates http://www.kaplanprofessional.edu.au/afa)			
Fellow Chartered Financial Practitioner (FChFP) — Full designation (incl. AFA1, AFA2, AFA3, AFA4)			<input type="checkbox"/> \$4,320
AFA 1	Business Strategy for Financial Advisers		<input type="checkbox"/> \$1,200
AFA 2	Client Experience Strategy		<input type="checkbox"/> \$1,200
AFA 3	Advanced Advice Solutions		<input type="checkbox"/> \$1,200
AFA 4	Professional Conduct & Governance for Financial Advisers		<input type="checkbox"/> \$1,200
Chartered Life Practitioner (ChLP) — Full designation (incl. AFA1, AFA2, AFA3, AFA4)			<input type="checkbox"/> \$4,320
AFA 1	Business Strategy for Financial Advisers		<input type="checkbox"/> \$1,200
AFA 2	Client Experience Strategy		<input type="checkbox"/> \$1,200
AFA 3	Advanced Risk Solutions		<input type="checkbox"/> \$1,200
AFA 4	Professional Conduct & Governance for Financial Advisers		<input type="checkbox"/> \$1,200
Associate Chartered Financial Practitioner (AChFP)			<input type="checkbox"/> \$1,200
AFA 4	Professional Conduct & Governance for Financial Advisers		<input type="checkbox"/> \$1,200
SUB-TOTAL			\$
Certification fee (compulsory fee on initial enrolment)			\$ 375
TOTAL			\$

Section 5 — Additional Information (AVETMISS)

The National Centre for Vocational Education Research (NCVER) is a professional and independent body responsible for collecting, managing, analysing, evaluating and communicating research and statistics about vocational education and training (VET) nationally. The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) provides a national framework for the consistent collection and dissemination of VET information throughout Australia. As Kaplan Professional is a registered training organisation, it is a requirement that enrolment data we collect from our customers, both new and existing be AVETMISS compliant. We encourage you to answer the questions below, however it is not compulsory.

Language and cultural diversity

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (Please specify):	
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> English only <input type="checkbox"/> Yes/other (Please specify):	
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 (Torres Strait Islander) <input type="checkbox"/> Yes (Aboriginal)

Disability

Do you consider yourself to have a disability, impairment or long-term health condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (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

Schooling

What is your highest completed school level? (Please tick one box only)	<input type="checkbox"/> Never attended school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent
Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous qualification achieved

Have you successfully completed any of the qualifications listed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes , then tick the appropriate boxes)	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> Other education (including certificates of overseas qualifications not listed above)
---	---

Employment

Of the following categories, which **best** describes your current employment status (please tick **one** only):

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee
 Part-time employee
 Self-employed (not employing others)
 Self-employed (employing others)
 Employed (unpaid work in a family business)
 Unemployed — seeking full-time work
 Unemployed — seeking part-time work
 Not employed — not seeking employment

Study reason

Of the following categories, select the one which **best** describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick **one** box only):

To get a job
 To get skills for community/voluntary work
 To develop my existing business
 To start my own business
 To try for a different career
 To get a better job or a promotion
 It was a requirement of my job
 I wanted extra skills for my job
 To get into another course of study
 For personal interest or self-development Other reasons

Section 6 — Payment Details

Payment options

Cheque (Please make cheque payable to Kaplan Education Pty Ltd)

Cheque no.

Credit card payment

We take your privacy seriously. Kaplan is unable to accept credit card details via email or in a word/pdf document format. If you wish to make a payment by credit card, you can enrol via one of the below options:

- Enrol online via your student portal. Login or register if you are a new student <<http://www.kaplanprofessional.edu.au/enrol/>>.
- Call one of our Student Services representatives on [1300 662 203](tel:1300662203) to enrol over the phone.

Alternatively, please indicate how you would like to pay below. We will contact you once your invoice is ready to arrange payment over the phone or via your secure online student portal).

I wish to pay by MasterCard Visa AMEX (Additional 2.5% surcharge)

Pay online

Kaplan will email you a copy of your invoice once it is ready to pay online via your student portal.

Pay over the phone

Kaplan will call once your invoice is ready to pay. If the person Kaplan needs to contact is not you, please provide their name and the best contact number to reach them below.

Contact name

Contact no.

Invoice company (Only available to companies with an approved Kaplan Professional account. The invoice will be sent to the address specified on the company account. To authorise this invoice request you must be an existing contact on your company account with Kaplan Professional Education. In the absence of an authorised signature, an email will be sent for approval of enrolment.)

Corporate account name

Corporate account no.

Training manager name

Training manager no.

Invoice to name

Invoice to no.

Details for receipt (Please complete this section if payment is made by a third party)

Title: Choose an item.

First name

Last name

Job title

Email

Telephone

(W)

(H)

(M)

Company name

Number and street name

Suburb

State

Postcode

Privacy Statement and Student Declaration

Prices are valid until 31 December 2019 and GST exempt (except ALPA, TASACL, TASACC, KUDOS, ISMSF, all Corporate Short Courses, Agile Compliance Training, China Ready, which includes GST). Kaplan Professional Education reserves the right to review its pricing.

Your enrolment is subject to the terms and conditions available on our website <<http://www.kaplanprofessional.edu.au/faqs/studentpolicies/>>.

If you do not have access to our website, please contact our student services team on 1300 662 203 and we will send a copy of the terms and conditions to you. Your signature below constitutes that you have read and accept the enrolment terms and conditions, including our refund policy. It is also confirmation that all details provided at the time of enrolment are true and accurate and you agree to notify Kaplan Professional if any details on this enrolment form change.

Kaplan Professional collects your personal information (including your name, address, date of birth and other identifying information) for the purpose of administering your enrolment in your chosen course(s) or program(s) of study. Your enrolment may not be processed or continued if you do not provide all of the information requested. We may disclose personal information about you in accordance with our privacy policy, including to third parties seeking to verify the qualification(s) attained through your course(s) of study. Our privacy policy contains detailed information about how we handle your personal information, how you can access and correct the personal information we hold about you, or make a privacy complaint. You may contact the Privacy Officer (privacy@kaplan.edu.au) for more information. A copy of our privacy policy is available at <<http://www.kaplanprofessional.edu.au/privacy-policy>>.

I consent to Kaplan Professional providing my current enrolment status, (and study plan if applicable) to my current employer or financial services licensee (whichever is applicable) for the subject/s in which I am enrolling.

Yes No

Student Declaration and Consent

Under the *Data Provision Requirements 2012*, Kaplan is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by Kaplan for statistical, administrative, regulatory and research purposes. Kaplan may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.
- Employer – if you are enrolled in training paid by your employer

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- Populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys and data linkage;
- Pre-populating RTO student enrolment forms'
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorized agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Your signature below constitutes that the information provided to the best of your knowledge is true and correct, and that you consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student name		Student signature		Date	
---------------------	--	--------------------------	--	-------------	--

Email to enrolments@kaplan.edu.au | **Fax to** 1300 137 802