

**1. Personal information**

Kaplan student ID (if applicable):			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		Gender:	
First name:		Last name:	
Email:		Date of birth:	
Telephone:	(w)	(h)	(m)

**Permanent Residential Address (Compulsory)**

Building/Property name:	
Apartment/Unit number:	
Street number:	
Street name:	
Suburb:	
State:	
Postcode:	
Country:	

**Business Details**

Business Name:		Title/Position:	
Apartment/Unit number:			
Street number:			
Street name:			
Suburb:			
State:			
Postcode:			
Country:			

<b>Primary Mailing Address:</b>	<b>Same as Residential Address</b>	<input type="checkbox"/> Yes	<b>Same as Business Address</b>	<input type="checkbox"/> Yes
Building/Property name:				
Apartment/Unit number:				
PO Box number:				
Street number:				
Street name:				
Suburb:				
State:				
Postcode:				
Country:				

## 2. Course Selection: Please select the course you wish to enrol in:

<input type="checkbox"/> Graduate Certificate in Applied Finance	<input type="checkbox"/> Graduate Certificate in Corporate Finance
<input type="checkbox"/> Graduate Diploma of Applied Finance	<input type="checkbox"/> NZX Adviser Course
<input type="checkbox"/> Master of Applied Finance	
<input type="checkbox"/> Graduate Certificate in Financial Planning	<input type="checkbox"/> Single subject only (non-award)# <ul style="list-style-type: none"><li>• FPC001B Economic and Legal Context for Financial Planning</li><li>• FPC002B Ethics and Professionalism in Financial Advice</li><li>• FPC007B Client Engagement Skills</li></ul> <i>#not eligible for FEE-HELP</i>
<input type="checkbox"/> Graduate Diploma of Financial Planning	
<input type="checkbox"/> Master of Financial Planning	
<input type="checkbox"/> Diploma of Financial Services	
<input type="checkbox"/> Graduate Certificate in Financial Services	
<input type="checkbox"/> Graduate Diploma of Financial Services	
<input type="checkbox"/> Master of Financial Services	

## 3. Subject Selection

Note:

- Please only list the subjects that you wish to be enrolled in for the upcoming study period.
- Kaplan reserves the right to alter subject and to withdraw or postpone subjects

Subject Code	Subject Name	Study Period	Subject Fee
ENROLMENT FEES TOTAL			

## 4. Unique Student Identifier (USI)\* - Your USI must be provided at the time of enrolment

A USI is a reference number that creates a secure online record of your Australian recognised training and qualifications. This online record will provide you access to your training records and transcripts.

To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/students/find-your-usi>.

Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Unique Student Identifier (USI)	
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## 5. Statistical Data

This information is required by the Department of Education, Skills and Employment and is collected for statistical purposes, It will not be used by Kaplan Professional in the assessment of your application for admission.

Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please tick one of the below boxes <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Overseas: (Name of Country) _____ What year did you first arrive in Australia? _____	
Do you speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes please specify: _____	
Current citizenship/residence status (please tick one box only) <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian permanent resident visa holder <input type="checkbox"/> New Zealand Citizen/permanent resident/diplomat <input type="checkbox"/> Temporary entry permit visa holder in Australia (please specify type of Visa): _____ <input type="checkbox"/> Permanent Humanitarian Visa Holder <input type="checkbox"/> Residing outside Australia during the study period and not an Australian citizen, New Zealand citizen or permanent resident of Australia		
What was the date in which your current Citizenship/Residence status was effective from? (i.e. Australian Citizen by birth is your date of birth, or the date when you received your Australian permanent residency; If unsure, please leave blank)		DD-MMM-YYYY

## 6. Highest Education Level of your parents or Guardians

Please answer for up to two people who, during all (or most) of your school years, were your parents or legal guardians. If you have more than two people who meet these criteria, please answer for the two you have spent the most time with.

Parent/Guardian 1	Parent/Guardian 2
<input type="checkbox"/> No parent/guardian	<input type="checkbox"/> No parent/guardian
What is the highest level of education completed? <input type="checkbox"/> Postgraduate qualification (e.g. Postgraduate Diploma, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post- school qualification (e.g. VET Certificate, Associate Degree or Diploma) <input type="checkbox"/> Completed Year 12 Schooling* <input type="checkbox"/> Completed Year 10 Schooling* <input type="checkbox"/> Didn't complete Year 10 schooling* <input type="checkbox"/> Don't know *or equivalent	What is the highest level of education completed? <input type="checkbox"/> Postgraduate qualification (e.g. Postgraduate Diploma, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post- school qualification (e.g. VET Certificate, Associate Degree or Diploma) <input type="checkbox"/> Completed Year 12 Schooling* <input type="checkbox"/> Completed Year 10 Schooling* <input type="checkbox"/> Didn't complete Year 10 schooling* <input type="checkbox"/> Don't know *or equivalent

## 7. Entry Requirements and Evidence

Basis of Admission (please refer to our website for course entry requirements)

- ☐ I have a relevant qualification\*
 ☐ I have an unrelated qualification and 2 years' relevant industry experience^
 ☐ I have applied for the work experience pathway^
 ☐ I have applied for the HEADSTART pathway^
 ☐ I have applied for the Access and Equity pathway^

\*Please list your qualification(s) below and provide certified copies

^Please attach the relevant application form(s) and supporting documentation

### Education History (please answer each question)

Have you completed or commenced any of the following qualifications:

Have you completed or commenced any of the following qualifications	Last year of enrolment	Completed	Commenced but not completed
(a) Postgraduate program e.g. Postgraduate Certificate or Postgraduate Diploma, Masters, PhD University or College: _____ Qualification: _____			
(b) Undergraduate (Bachelor) Degree University or College: _____ Qualification: _____			
(c) Advanced Diploma, Diploma or Associate Diploma at a College or University (except TAFE- see questions below) University or College: _____ Qualification: _____			
(d) Advanced Diploma, Diploma or Associate Diploma at TAFE TAFE Campus: _____ Qualification: _____			
(e) Other Qualification or Certificate Education Provider: _____ Qualification: _____			
What was your highest attainment level in high school? <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12			
What year did you complete the highest attainment level in high school?			

## 8. Disability support services

Do you have a disability, impairment or long-term medical condition, which may affect your studies? ☐ Yes ☐ No

If yes, please indicate the area(s) of impairment:

- ☐ Hard of Hearing/Deaf
 ☐ Physical disability
 ☐ Intellectual disability
 ☐ Specific Learning disability
 ☐ Mental health condition
 ☐ Acquired brain injury
 ☐ Low Vision/blind
 ☐ Medical Condition
 ☐ Neurological condition
 ☐ Other disability
 ☐ Not Specified

## 9. Payment

All fees are in Australian dollars and are subject to change without notice. GST is included where applicable. Fees must be paid at the time of enrolment. For information on refunds and transfers, refer to the policies at <https://www.kaplanprofessional.edu.au/>

### Payment Method

#### ☐ FEE-HELP Loan

Please visit <https://www.studyassist.gov.au/> to determine your eligibility requirements for a FEE-HELP loan

Do you wish to access FEE-HELP for your enrolment fees? ☐ Yes ☐ No

Are you eligible to access FEE-HELP for your enrolment fees? ☐ Yes ☐ No

Have you previously accessed FEE-HELP at another college, University or Education Provider? ☐ Yes ☐ No

If yes, please provide your CHESN number (if known): \_\_\_\_\_

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

1. Enrol online via your student portal. Login or register if you are a new student: <https://www.kaplanprofessional.edu.au/enrol/>
2. Call one of Student Advisers on 1300 135 798 to enrol over the phone.

Alternatively, please indicate how you would 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)

<input type="checkbox"/> Pay online	Kaplan will email you a copy of your invoice once it is ready to pay online via your student portal		
<input type="checkbox"/> Pay over the phone	Kaplan will call you 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 Number	
Total Payment			
<input type="checkbox"/> 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 authorize this invoice request you must be an existing contact on your company account with Kaplan Professional Education. In the absence of an authorized signature, an email will be sent for approval of enrolment.		
Corporate Account Name:		Corporate Account Number:	
Training Manager Name:		Training Manager Number:	
Invoice to Name:		Invoice to Number:	

## 10. Terms and Conditions

Your enrolment is subject to our terms and conditions, available on our website: [Terms and Conditions](#) or by contacting our student advice team on 1300 135 798. By submitting your application for your enrolment you will be agreeing to all of our terms and conditions, including our refund policy. If you have any questions about these terms, please contact us.

If your application for enrolment is successful, you will be sent an offer of enrolment and your tuition fee invoice. Your offer of enrolment will detail the terms of your offer, which must be accepted prior to your payment to Kaplan Professional being processed.

### Privacy Notice

By submitting your application for your enrolment, you consent to Kaplan Professional collecting 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 of study. Your enrolment may not be processed if you do not provide all 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 how to make a privacy complaint. You may contact the Privacy Officer ([privacy@kaplan.edu.au](mailto:privacy@kaplan.edu.au)) for more information.

Please visit our website for a copy of our privacy policy (available at [www.kaplanprofessional.edu.au](http://www.kaplanprofessional.edu.au)).

Student Name:			
Student Signature:		Date:	

## 11. Corporate Participant Declaration

Preferred Client Code: \_\_\_\_\_

Promo Code: \_\_\_\_\_

If you input a PC Code Kaplan Professional may disclose your results and other course related student personal information to the organisation associated with the PC Code being applied.

Our Privacy Policy provides information about how you can access and correct the personal information we hold about you or make a privacy complaint. A copy of our Privacy Policy is available at: [www.kaplanprofessional.edu.au](http://www.kaplanprofessional.edu.au)

## 12. Survey for New Students

Your response to the following questions will help us provide you with the best possible service. Please answer all questions.

Note: You are not required to complete this section if you are a continuing student.

How did you hear about Kaplan? If advertisement or website, please specify		
Why did you choose to study with Kaplan? (tick one category)	<input type="checkbox"/> Strongly recommended by employer <input type="checkbox"/> To better manage my personal finances <input type="checkbox"/> To gain better professional qualification <input type="checkbox"/> Relevant to current role <input type="checkbox"/> Reputation of Kaplan	<input type="checkbox"/> To increase my understanding of financial markets <input type="checkbox"/> Advice from my Human Resources department <input type="checkbox"/> Price of the course <input type="checkbox"/> Subject availability <input type="checkbox"/> Study mode options <input type="checkbox"/> As a key to enter the finance and investment industry <input type="checkbox"/> Other
What industry are you in? (tick one category)	<input type="checkbox"/> Accountancy <input type="checkbox"/> Banking (excluding Investment Banking) <input type="checkbox"/> Consultancy <input type="checkbox"/> Exchanges <input type="checkbox"/> Financial Advising/Planning <input type="checkbox"/> Financial Services Regulation <input type="checkbox"/> Funds/Investment Management — Wholesale <input type="checkbox"/> Government <input type="checkbox"/> Information Technology	<input type="checkbox"/> Insurance <input type="checkbox"/> Investment Banking <input type="checkbox"/> Legal <input type="checkbox"/> Media <input type="checkbox"/> Mining/Resources <input type="checkbox"/> Other Non-Banking Financial Institutions <input type="checkbox"/> Property <input type="checkbox"/> Retired <input type="checkbox"/> Stockbroking <input type="checkbox"/> Student <input type="checkbox"/> Other
Choose the industry segment that most closely relates to your work (tick one category)	<input type="checkbox"/> Banking- Retail/Commercial <input type="checkbox"/> Capital/Money Markets- Wholesale <input type="checkbox"/> Corporate Finance <input type="checkbox"/> Funds management/Superannuation — Retail <input type="checkbox"/> Funds management/Superannuation — Wholesale	<input type="checkbox"/> Mortgage Broking <input type="checkbox"/> Regulators/Government <input type="checkbox"/> Service Providers (e.g. Law/accounting/IT/HR) <input type="checkbox"/> Stockbroking <input type="checkbox"/> Wealth Management

What is your primary job function? (tick one category)	<input type="checkbox"/> Academic/Lecturer <input type="checkbox"/> Accountant <input type="checkbox"/> Actuary <input type="checkbox"/> Administrator <input type="checkbox"/> Asset Consultant/Manager <input type="checkbox"/> Auditor/audit Manager <input type="checkbox"/> Bank Manager <input type="checkbox"/> Bank Officer/Teller <input type="checkbox"/> Banking Advisor/Consultant <input type="checkbox"/> Business Analyst <input type="checkbox"/> Business Banking Manager <input type="checkbox"/> Business Development Manager <input type="checkbox"/> Chairman <input type="checkbox"/> Chief Executive Officer/Managing Director <input type="checkbox"/> Chief Finance Officer <input type="checkbox"/> Chief Information Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Company Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Compliance Officer/Manager <input type="checkbox"/> Corporate Lender/Finance Manager <input type="checkbox"/> Corporate Treasurer/Treasury Manager <input type="checkbox"/> Credit Analyst <input type="checkbox"/> Credit Risk Manager <input type="checkbox"/> Data Analyst <input type="checkbox"/> Economist <input type="checkbox"/> Equities Analyst/Strategist <input type="checkbox"/> Equities Dealer <input type="checkbox"/> Financial Planner/Adviser <input type="checkbox"/> Fixed Income Analyst <input type="checkbox"/> Fixed Interest Dealer <input type="checkbox"/> Foreign Exchange Dealer <input type="checkbox"/> Funds/Investment Manager <input type="checkbox"/> Futures Dealer <input type="checkbox"/> General Manager <input type="checkbox"/> Human Resources Manager/Officer	<input type="checkbox"/> Insurance Manager/Analyst <input type="checkbox"/> Investment Analyst <input type="checkbox"/> Investment Banker <input type="checkbox"/> Investor Relations Manager <input type="checkbox"/> IT Manager/Consultant <input type="checkbox"/> Journalist <input type="checkbox"/> Lawyer/Solicitor/Barrister/General Counsel <input type="checkbox"/> Lending Manager <input type="checkbox"/> Marketing Director/Manager <input type="checkbox"/> Mergers & Acquisitions/Takeovers Adviser <input type="checkbox"/> Mobile Lender/Manager <input type="checkbox"/> Money Market Dealer <input type="checkbox"/> Mortgage Broker/Lender <input type="checkbox"/> Operations Manager <input type="checkbox"/> Para-Planner <input type="checkbox"/> Policy Researcher/Adviser <input type="checkbox"/> Private Banker <input type="checkbox"/> Private Client Advisor <input type="checkbox"/> Private Equity Manager <input type="checkbox"/> Programmer Analyst <input type="checkbox"/> Project Manager/Officer <input type="checkbox"/> Property Trust/Investment Manager <input type="checkbox"/> Property Valuer <input type="checkbox"/> Regulator <input type="checkbox"/> Retail Banking Manager <input type="checkbox"/> Retired <input type="checkbox"/> Risk Manager/Analyst <input type="checkbox"/> Settlements/Back Office Administrator <input type="checkbox"/> Stockbroker <input type="checkbox"/> Strategic Planner <input type="checkbox"/> Systems Analyst <input type="checkbox"/> Taxation Consultant/Manager <input type="checkbox"/> Technical Analyst <input type="checkbox"/> Trader <input type="checkbox"/> Underwriter <input type="checkbox"/> Valuer
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Please send the completed enrolment form and any supporting documentation via:

**Mail**

Kaplan Professional

Level 12, 45 Clarence Street, Sydney NSW 2000

**Email**

[courseadvice@kaplan.edu.au](mailto:courseadvice@kaplan.edu.au)