

KAPE - Enrolment Form

1. Personal information							
Kaplan student ID (if applicable):							
Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss				Gender:		☐ Male ☐ Fen	nale
Legal First name:				Legal Last nan	ne:		
Email:						Date of birth:	
Telephone:		(w)		(h)			(m)
Permanent Residential Addr	ess (Co	ompulsory)					
Building/Property name:							
Flat/Unit number:							
Street number:							
Street name:							
Suburb:							
State:							
Postcode:							
Country:							
Primary Mailing Address:	Same	e as Residential Address	□ Yes		Sam	e as Business	□ Yes
Building/Property name:							
Flat/Unit number:							
Street number:							
Street name:							
Suburb:							
State:							
Postcode:							
Country:							
					- /		

2.	Course Selection				
Not •	Note: • Kaplan reserves the right to alter subject content as market needs dictate, and to withdraw or postpone subjects				
Cou	rse Name	Course Fee			
KAF	E – Unsupervised at workplace or home				
•	Kaplan Adviser Practice Exam Individual				
•	Kaplan Adviser Practice Exam Individual Resource Room	□ \$50.00			
	Enrolment Fees	\$			

3. Mandatory Questions					
1. Have you completed an Ethics FASEA approved subject?	☐ Yes ☐ No				
2. How many subjects do you require to complete to meet the FASEA education standards?	 □ 1 – FASEA 1 Bridging Course (Ethics) □ 2 – FASEA 1 Bridging Course (Ethics) + one additional unit □ 3 – FASEA 3 Bridging Courses □ 4 – Approved GradDip less 4 credits □ 5 – Approved GradDip less 3 credits □ 6 – Approved GradDip less 2 credits □ 7 – Approved GradDip less 1 credits □ 8 – Approved GradDip □ Not sure 				
3. When do you intend to sit the FASEA exam?					
4. What is your Financial Adviser Register Number?					

4.	Payment Details						
Pay	ment options						
• E • C Alte	ment by credit card, you can enro inrol online via your student portal call one of our Student Services re ernatively, please indicate how you ria your secure online student por	I. Login or register if you are a new st epresentatives on <u>1300 662 203</u> to enr u would like to pay below. We will co	tudent < <u>l</u> rol over t ontact yo	http://www.ka	planprofessiona	al.edu.au/enrol	<u>/</u> ≥.
□ F	Pay online	Kaplan will email you a copy of your invoice once it is ready to pay online via your student portal.					
□ F	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.					
Cor	ntact name				Contact no.		
(company account. To authorise this	o companies with an approved Kaplan s invoice request you must be an existi ture, an email will be sent for approval	ing conta	act on your co			
Cor	porate account name		(Corporate account no.			
Tra	ining manager name		Training manager no.				
Inv	pice to name	Invoice to).		
Det	ails for receipt (Please complete	e this section if payment is made by a	a third pa	arty)			
Title	e:						
Firs	t name		ı	Last name			
Job	title						
Em	ail						
Tele	ephone	(W)	(H) (I		(M)	(M)	
Cor	mpany name						
Nur	mber and street name						
Sub	ourb		,	State		Postcode	

5. Terms and Conditions

Your enrolment is subject to our terms and conditions, available on our website: <u>Terms and Conditions</u> or by contacting our student advice team on 1300 135 798. By submitting your application for your enrolment you will be agreeing to 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 administrating your enrolment in your chosen course of study. Your enrolment may not be processed or continued 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 provides information about 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. Please visit our website for a copy of our privacy policy (available at https://www.kaplanprofessional.edu.au)

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.

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.

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Student Name					
Student Signature		Date:			

Please send the completed enrolment form and any supporting documentation via:

Mail

Kaplan Professional

Level 12, 45 Clarence Street, Sydney NSW 2000

Email

enrolments@kaplan.edu.au