Supervisor Declaration

Only complete this page if you have chosen to sit your examination at your place of work.
The supervisor is required to fill in all sections on this page. Supervisors must read and understand the Institute's supervisor guidelines and understand their commitment as a supervisor prior to signing the declaration.

The institute
AUSTRALIAN AND NEW ZEALAND INSTITUTE OF INSURANCE AND FINANCE

A suitable supervisor is an independent and trusted person such as

1. Human Resources or Training Manager
2. A current qualified member of the Australian and New Zealand Institute of Insurance and Finance
3. A teacher or person working in the education field
4. A workplace manager to whom you do not directly report.

Your supervisor cannot be a current student of the Institute or a member of your family or a friend and the Institute must approve your nominated supervisor.

Student Details

Full name or Master ID of the student/s you are supervising

Your Details

Your Master ID (if you do not have a Master ID please create one at www.theinstitute.com.au/apply)

Given Name

Middle Name

Family Name

Date of Birth

/ / 1 9 Y Y

Business Phone

( )

Home Phone or Mobile

( )

Email

Position/Title

Business Street Address (Please complete if changed since last supervision)

Venue or Company Name

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

Privacy Statement

The Australian and New Zealand Institute of Insurance and Finance (the Institute) collects and stores your personal information for the purposes of providing membership services, providing education and training programs, improving and promoting products and services, meeting education regulatory reporting and compliance requirements, and promoting your membership status in various ways. If the Institute does not collect your information, it may not be able to carry out these purposes properly. For full details of the Institute's Privacy Policy, refer to our website at www.theinstitute.com.au/privacy

Compulsory Declaration

I agree to act as an Examination Supervisor. I confirm that I have read and understood the examination supervision guidelines and that I accept the responsibilities described therein my capacity as an examination supervisor. I confirm that I have arranged for an appropriate venue for the examination(s) to take place. I confirm that the information provided by me in this form is, in all respects correct and completed to the best of my knowledge and belief that I am not related to, do not reside with nor work directly with examination candidate. I understand that an Institute representative can attend any examination sitting without notice.

Signature of Supervisor

Date

Please return this completed supervisor declaration with page 1 to the Australian and New Zealand Institute of Insurance and Finance.

Mail to:
Level 8, 600 Bourke Street
Melbourne VIC 3000
Australia

Fax to:
(+61 3) 9642 4166