

# Distance Education 2010

Please complete form in block letters. Payment **must** accompany enrolment form.

## Personal Details

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

Given Name

Middle Name

Family Name

Date of Birth

Mobile

Business Phone

Email

Business Name

## Please indicate the category that best describes your job role

Please select only one

- |   |   |
|---|---|
| <input type="checkbox"/> CEO/Managing Director      | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Executive Management       | <input type="checkbox"/> Call Centre            |
| <input type="checkbox"/> Line/Operations Management | <input type="checkbox"/> Self-employed          |
| <input type="checkbox"/> Broking                    | <input type="checkbox"/> Claims                 |
| <input type="checkbox"/> Distribution               | <input type="checkbox"/> Underwriting           |
| <input type="checkbox"/> Accounting/Actuarial       | <input type="checkbox"/> HR/Training/Compliance |

## Business Street Address (A business street address is essential to receive all study materials)

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

## Payment

My fee is included with this form and will be paid by

- Employer     Self    Other

## Examination Venue Arrangement

All award course examinations are conducted online.

All students have the option of choosing to sit their examination at their place of work. Exams completed at a workplace can be completed any time throughout the exam day that is convenient for both the student and supervisor. To select this option, please tick "Own Supervisor" and complete page 2.

- |                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Brisbane | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Sydney         |
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Own Supervisor |
- (Please complete page 2)

## Chinese Language Option

Fill in this section only if you would like a Chinese language option for one of the specified General Insurance modules in the ANZIF Education Handbook. Study Materials are written in both Chinese and English. More information about the Qualification can be found in the ANZIF Education Handbook. Select to be assessed in Chinese or English by ticking one of the following:

- Chinese language exam and assignment - to be submitted in Chinese  
 Chinese language exam and assignment - to be submitted in English

## Informal Student Study Groups

- I wish to participate in an informal student study group and give the Institute permission to release my contact details to those students who will also participate in that study group.

## Module Enrolments

### First Enrolment - Module Name

Module Code (eg. FSI403)

Study Period (eg. SAP1, SBP2. Choose from pg3)

Examination Session: (please select one)

Please note: For Institute exam venues, places for each session are limited. Priority will be given to those who enrol early. Exact exam times will be confirmed closer to the exam date.

- Session One     Session Two     Session Three     Session Four

8:30am-10:30am    10:45am-12:45pm    1:45pm-3:45pm    4:00pm-6:00pm

### Second Enrolment - Module Name

Module Code (eg. FSI403)

Study Period (eg. SAP1, SBP2. Choose from pg3)

Examination Session: (please select one)

Please note: For Institute exam venues, places for each session are limited. Priority will be given to those who enrol early. Exact exam times will be confirmed closer to the exam date.

- Session One     Session Two     Session Three     Session Four

8:30am-10:30am    10:45am-12:45pm    1:45pm-3:45pm    4:00pm-6:00pm

## Payment Details (Enrolments will not be processed without payment details)

Please debit my Credit Card (please tick)

- Amex     Mastercard     Visa

Card Number

Name on Credit Card

Expiry Date

Signature of Cardholder

### \*New Zealand residents pay in New Zealand dollars only.

My enrolment fee will be paid by (please tick):

- Cheque / Bankdraft Enclosed

- Bank Transfer (Date of transfer)

Cheques to be made payable to Australian and New Zealand Institute of Insurance and Finance. Bank transfers often incur bank fees. Please ensure these fees are accounted for in your transfer.

## Privacy Statement

The Institute stores your personal information for the purposes of providing education and membership services, improving and promoting its products and services, and meeting education regulatory reporting and compliance requirements. To review the Institute's full privacy policy go to [www.theinstitute.com.au/privacy](http://www.theinstitute.com.au/privacy).

Many employers support their staff in their studies and are keen to know their progress. The Institute on occasions is asked to supply student results to employers. Please indicate if you do not wish to have your results released to your employer for this enrolment by emailing [customerservice@theinstitute.com.au](mailto:customerservice@theinstitute.com.au), quoting your Master ID, the name of the module and advising that you do not agree to the Institute releasing your results to your employer.

### For Loss Adjusting Students Only

The Institute has been asked to forward contact details for Loss Adjusting students to the Australasian Institute of Chartered Loss Adjusters (AICLA). If you do not agree to your contact details being released to AICLA, please email [customerservice@theinstitute.com.au](mailto:customerservice@theinstitute.com.au) quoting your Master ID and request your information not be released.

## Withdrawing/Refund Policy

For information on the Institute's terms and conditions on withdrawing from studies and refunds on enrolment fees, please see [www.theinstitute.com.au](http://www.theinstitute.com.au)

## Declaration

I declare that to the best of my knowledge the information supplied in this enrolment is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my enrolment may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of the Institute. I agree to abide by the Statutes, Rules and Regulations of the Institute.

Signature

Date

Please return this completed enrolment form with correct enrolment fee 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

This acts as a tax invoice upon payment of the fee.  
ABN 56 004 320 076

# 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.

## 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](http://www.theinstitute.com.au/apply))

Given Name

Middle Name

Family Name

Date of Birth

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](http://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 in 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

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

