Traineeship 2011

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

The institute
AUSTRALIAN AND NEW ZEALAND INSTITUTE OF INSURANCE AND FINANCE

0730_0311_800

Personal 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

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Mobile

Business Phone

Email

Business Name

Please indicate the category that best describes your job role

Please select only one

- ☐ CEO/Managing Director
- ☐ Executive Management
- ☐ Line/Operations Management
- ☐ Broking
- ☐ Distribution
- ☐ Accounting/Actuarial
- ☐ Information Technology
- ☐ Call Centre
- ☐ Self-employed
- ☐ Claims
- ☐ Underwriting
- ☐ 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

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 at 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.

- ☐ Brisbane
- ☐ Melbourne
- ☐ Sydney
- ☐ Auckland
- ☐ Hong Kong
- ☐ Own Supervisor (Please complete page 2)

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 earlv. Exact exam times will be confirmed closer to the exam date.

- ☐ Session One 8:30am–10:30am
- ☐ Session Two 10:45am–12:45pm
- ☐ Session Three 1:45pm–3:45pm
- ☐ Session Four 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 8:30am–10:30am
- ☐ Session Two 10:45am–12:45pm
- ☐ Session Three 1:45pm–3:45pm
- ☐ Session Four 4:00pm–6:00pm

Re-Enrolment Fees

Students who achieved a pass mark on their assignment or exam in a previous study period from the original enrolment (within the last 6 months) can carry across their successful assessment mark once only and need only resubmit their unsuccessful assessment.

Students who were unsuccessful in both assessments (assignment and exam) will need to resubmit both assessment items.

Assessments to be resubmitted:

- ☐ Assignment A$290
- ☐ Exam A$290

*A discounted membership fee is available for individuals residing in countries which have been categorised as "low income" or "lower middle income" countries by the World Bank Country Income Classification List (as of July 2010). For the full list of countries, please visit www.theinstitute.com.au

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.

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, 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 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

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 to the Australian and New Zealand Institute of Insurance and Finance.

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

Fax to:
Student Support
(+61 3) 9642 4166

Email:
studentsupport@theinstitute.com.au

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.

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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

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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

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