

ENROLMENT FORM (FSN40610)

Personal Details		Student Number: _____	
Surname:	_____	Phone: (H)	(W)
Given Names:	_____	Fax: (H)	(W)
Date of Birth:	_____	Mobile:	_____
Country of Birth:	_____	Email:	_____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Address: (Residential)	_____
Emergency Contact:	_____		_____
Contact Phone:	_____	Postcode	_____
Aboriginal / Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		Postal Address; (if different from above)	_____
Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No			_____

Do you have any physical or learning disabilities which could prevent you from completing this course? Y N

Employment Status			
<input type="checkbox"/> Employer	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Unemployed – Seeking Full-Time Work	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Unemployed – Seeking Part-Time Work	
	<input type="checkbox"/> Employed – Unpaid Family Worker	<input type="checkbox"/> Unemployed – Not Seeking Employment	
Employer's Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____		_____
Email:	_____	Postcode:	_____
Educational History			
Last Institute Attended:	_____	Date:	/ /
Highest Level Attained:	_____		
Course Details			
Course Code:	FSN40610	Course Name:	Cert IV In Accounting
FSN40610 Start Date:	/ /	Finish Date:	/ /

I agree to abide by the rules of Southern Cross International Learning Institute in as far as they may apply to me.

I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment.

I recognise that it is my responsibility to provide all necessary documentary evidence in order to show competency has been achieved.

I hereby give permission to Southern Cross International Learning Institute to verify the authenticity of my qualifications and/or any other documentation as required.

Signature: _____

Date: / /

Intended Study Program

<u>RPL</u>	<u>Training</u>	<u>Unit No:</u>	<u>Unit Title:</u>
Please tick ONE box only ie Either RPL Or Training			
<input type="checkbox"/>	<input type="checkbox"/>	FNSINC401A	Apply principles of professional practice to work in the financial services industry
<input type="checkbox"/>	<input type="checkbox"/>	BSBOHS303B	Contribute to OHS hazard identification and risk assessment
<input type="checkbox"/>	<input type="checkbox"/>	BSBITU306A	Design and produce business documents
<input type="checkbox"/>	<input type="checkbox"/>	FNSACC301A	Process financial transactions and extract interim reports
<input type="checkbox"/>	<input type="checkbox"/>	BSBFIA401A	Prepare financial reports
<input type="checkbox"/>	<input type="checkbox"/>	FNSACC403A	Make decisions in a legal context
<input type="checkbox"/>	<input type="checkbox"/>	FNSACC404A	Prepare financial statements for non-reporting entities
<input type="checkbox"/>	<input type="checkbox"/>	FNSACC406A	Set up and operate a computerised accounting system
<input type="checkbox"/>	<input type="checkbox"/>	FNSBKG404A	Carry out business activity and instalment activity statement tasks
<input type="checkbox"/>	<input type="checkbox"/>	BSBCUS301B	Deliver and monitor a service to customers
<input type="checkbox"/>	<input type="checkbox"/>	BSBINN201A	Contribute to workplace innovation
<input type="checkbox"/>	<input type="checkbox"/>	BSBCMM301A	Process customer complaints
<input type="checkbox"/>	<input type="checkbox"/>	BSBITU305A	Conduct online transactions
<input type="checkbox"/>	<input type="checkbox"/>	BSBPRO301A	Recommend products and services
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR301B	Organise personal work priorities and development

Fee structure

Full FSN40610 \$3500.00 Recognition of Prior Learning (RPL) \$1800.00

A deposit is required on enrolment.

Payment Method

A tax invoice and receipt will be sent on receipt of payment.

I am paying \$..... as <input type="checkbox"/> Deposit <input type="checkbox"/> Full Course Fee	
<input type="checkbox"/> Cheque/money order payable to: <i>Southern Cross International Learning Institute</i> <input type="checkbox"/> Direct Deposit	DIRECT DEPOSIT DETAILS: Bank: Westpac Banking Corp. BSB No: 034 292 Account No: 358148 Account Name: Shincrest P/L Name: T/A Southern Cross International Learning Institute (SCILI)
<input type="checkbox"/> I would like to pay by credit card (<i>please complete your credit card details</i>): Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa	
Card Number: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date: ___/___
Cardholder Name: _____	Cardholder Signature: _____