

# INVESTMENT PROPERTY ADVISING ENROLMENT FORM

Please complete and send to

Level 4 / 1 Horwood Place

Parramatta, NSW 2150

Fax 02 9689 3254

Mr/Mrs/Ms Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

Smart Academy Student No (if known) \_\_\_\_\_

How did you learn about Smart Academy? \_\_\_\_\_

Do you wish to receive information about future College courses and events?  Yes  No

Consultant Name \_\_\_\_\_

**Please enrol me in the following course (courses)**

Course Name	Fee
Investment Property Advising Distance Option      Fee: \$440 incl GST	
Investment Property Advising Face to Face Option      Introductory Special Fee: \$550 incl GST	
Please indicate enrolment location and start date preferences. These may be obtained from the college calendar.	
Location _____ Start Date _____	
Please note: If your preferred location and date is not available we will contact you to make other arrangements. If you do not specify <ul style="list-style-type: none"> <li>• a location you will be enrolled in the location closest to you on the start date specified.</li> <li>• a start date you will be enrolled into the next available course at the location specified.</li> <li>• A start date or a location you will be enrolled in the first available course at any of our locations.</li> </ul>	
<b>Total Fee</b>	

**Payment method**  
 Cash     Cheque     Visa     Mastercard     Bankcard     Amex

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiry date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A GOVERNMENT REQUEST**

The Federal Government asks all Colleges to collect the following statistics - to help their educational planning.

This data must be provided for all programs that attract Government support.

**You will not be identified with the statistics.**

We appreciate your taking the time to answer these brief questions.

**1 Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal AND Torres Strait Islander origin, mark both 'Yes' boxes)

- No                       Yes, Aboriginal  
 Yes, Torres Strait Islander

**2 In which country were you born?**

- Australia  
 Other - please specify \_\_\_\_\_

**3 Do you speak a language other than English at home?**

- No, English only GOTO QUESTION 5  
 Yes, other - please specify \_\_\_\_\_

**4 How well do you speak English?**

- Very well     Not well  
 Well             Not at all

**5 Of the following categories, which BEST describes your current employment status? (Tick ONE box only)**

- Full-time employee  
 Part-time employee  
 Self employed - not employing others  
 Employer  
 Employed - unpaid worker in a family business  
 Unemployed - seeking full-time work  
 Unemployed - seeking part-time work  
 Not employed - not seeking employment

**6 What is your highest COMPLETED school level?**

- Completed Year 12  
 Completed Year 11  
 Completed Year 10  
 Completed Year 9 or lower

**7 In which YEAR did you complete that school level?**

**8 Are you still attending secondary school?**

- Yes     No

**9 Have you SUCCESSFULLY completed any of the following qualifications?**

- Yes     No  
**If Yes, then tick ANY applicable boxes**  
 Bachelor Degree or Higher Degree  
 Advanced Diploma or Associate Degree  
 Diploma (or Associate Diploma)  
 Certificate IV (or Advanced Certificate/Technician)  
 Certificate III (or Trade Certificate)  
 Certificate II  
 Certificate I  
 Certificates other than the above

**10 Do you consider yourself to have a disability, impairment or long-term condition?**

- Yes     No

**If Yes, then please indicate the areas of disability, impairment or long-term condition:**

(You may indicate more than one area)

- Hearing/Deaf     Acquired Brain Impairment  
 Physical             Vision  
 Intellectual         Medical Condition  
 Learning             Other  
 Mental Illness