smartacademy

Web www.smartacademy.edu.au Email info@smartacademy.edu.au

INVESTMENT PROPERTY ADVISING
ENROLMENT FORM

Please complete and send to

Level 4 / 1 Horwood Place
Parramatta, NSW 2150
Tel 02 9891 4411 Fax 02 9891 4655

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: $550 incl GST	
Investment Property Advising Face to Face Option Fee: $990 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 • a location you will be enrolled in the location closets to you on the start date specified. • a start date you will be enrolled into the next available course at the location specified. • A start date or a location you will be enrolled in the first available course at any of our locations.	
Total Fee	

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
- □ Well
- □ Not 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
- □ Physical
- □ Intellectual
- □ Learning
- □ Mental Illness
- □ Acquired Brain Impairment
- □ Vision
- □ Medical Condition
- □ Other