

Responsible Manager Assessment Course Enrolment Form

SECTION 1 – ADMINISTRATIVE INFORMATION

SURNAME	<input style="width: 95%;" type="text"/>	Mr / Mrs / Ms	<input style="width: 95%;" type="text"/>
GIVEN NAMES	<input style="width: 95%;" type="text"/>	DATE OF BIRTH	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <small>Day / Month / Year</small>
POSITION/JOB TITLE	<input style="width: 98%;" type="text"/>		
EMPLOYER	<input style="width: 98%;" type="text"/>		
MAILING ADDRESS	<input style="width: 98%;" type="text"/>		
	<input style="width: 90%;" type="text"/> Postcode		
Area of the business that you have been (OR will be) nominated as a "RESPONSIBLE MANAGER" for	<input style="width: 98%; height: 40px;" type="text"/>		
BUSINESS No's.	Tel	<input style="width: 20%;" type="text"/> (<input style="width: 10%;" type="text"/>)	Fax <input style="width: 20%;" type="text"/> (<input style="width: 10%;" type="text"/>)
MOBILE No.	<input style="width: 98%;" type="text"/>		
EMAIL	<input style="width: 98%;" type="text"/>		

Please place an "X" in the appropriate box below to indicate how you would like the Course Material sent to you:

Soft copy via EMAIL

OR

Hard copy via POST

SECTION 2 – FINANCE INDUSTRY EXPERIENCE

Please supply evidence of direct and relevant finance industry experience that must equate to at least 5 years of the past 8 years work undertaken:

Employer	Job Title	Area/s of Responsibility	Period of Service

SECTION 3 – COURSE FEES

COURSE FEE: \$880 (incl. GST) per person

I am paying by:

Direct Deposit

Our bank account details are as follows:

BSB: 112-879

Account No.: 104 108 201

Credit Card. I have completed the Credit Card details below.

Please INVOICE my employer. I have completed the invoicing details below.

I enclose/have mailed a CHEQUE for \$880.

Please tick if a receipt is required.

CREDIT CARD DETAILS:

My CREDIT CARD details are as follows:

DEDUCT \$ _____ for COURSE fees from:

VISA

MASTERCARD

EXPIRY DATE: ____ / ____

SIGNATURE: _____

CARDHOLDER'S NAME: _____

EMPLOYER INVOICING DETAILS:

Please send Invoice to the following person:

Name

Position

Organisation

Business Mailing Address

Postcode

Fax

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Email

- NOTES:**
1. FEES ARE NOT REFUNDABLE after the course has commenced.
 2. Course Fee includes GST.
 3. Our ABN is: 98 697 095 230.

SECTION 4 – STUDENT DECLARATION

STUDENT DECLARATION:

I confirm that the information I have provided is true and correct.

SIGNATURE or NAME: _____

DATE: ____ / ____ / ____

EMAIL TO: Linda.Rodden@ifs-inc.com.au

OR

FAX TO: (02) 9283 5993