

STUDENT ENROLMENT FORM

Ensure you have read your Student Handbook BEFORE submitting this form



1. PERSONAL DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Family Name:	Given Name:	

2. CONTACT DETAILS

Email Address:	Home Telephone Number:	Other Telephone Number:
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Home Address:	Mailing/Delivery Address: If your Mailing/Delivery Address is the same as your home address please write "same as home address"
No and Street:	No and Street:
Suburb/Town: State:	Suburb/Town: State:
Postcode: Country:	Postcode: Country:

3. DISABILITY

Do you consider yourself to have a disability, impairment or long-term medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Q4
If YES, please indicate the area of disability, impairment or long-term condition: (You may indicate more than one area) <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Other:
If YES, do you require assistance because of the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Q4
If YES, what assistance do you require? <i>Students may be eligible for additional support. Please see the Student Handbook for further information.</i>

4. LANGUAGE & LITERACY

Are you an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your country of birth?
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what language do you usually speak?
INTERNATIONAL STUDENTS ONLY - Have you completed an IELTS test or equivalent? <input type="checkbox"/> Yes - Please attach a copy of your certificate <input type="checkbox"/> No - One of our staff will contact you to organise a skills assessment over the phone. Please read our Student Handbook for further information on this.	

5. EDUCATION

What is your highest COMPLETED secondary school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or below <input type="checkbox"/> Did not go to school
Have you SUCCESSFULLY completed any qualification(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Qualification Title(s):

6. QUALIFICATION SELECTION

<input type="checkbox"/> FNS51004 Diploma of Financial Services (Financial Markets)
Are you an Optionetics Student: <input type="checkbox"/> No <input type="checkbox"/> Yes

STUDENT DECLARATION: I understand the information I have provided will remain private and confidential. I acknowledge that I have read and understand the information provided and confirm the information I have given is true and correct. I acknowledge that I have read and fully understand the contents of this Student Handbook which outlines the conditions and my rights and responsibilities as a student of Hubb Financial Institute Pty Ltd including the Fees and Refunds Policy and Privacy Statement. I understand that it is my responsibility to be familiar with its contents and to ask questions on any matters I don't understand.

Student Signature: _____ Date: _____

Fax completed forms to:
+61 2 9972 7769

Email completed forms to:
enquiry@hubbinstitute.com

Post completed forms to:
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Frenchs Forest NSW 2086 AUSTRALIA