

Skills Unit Re-Enrolment Form

Please complete form in block letters. Payment must accompany this form.



0254_0824_200

Personal Details

Your Master ID (if you do not know your Master ID please find it at www.anziif.com/forgotten-id)

Title

Mr Mrs Ms Miss

Given Name

Middle Name

Family Name

Date of Birth

Business Phone

Email

Business Name

Billing Address

For all posted correspondence such as your Certificates.

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

Examination Arrangement

All examinations are conducted online, at a student's place of work.

Exams completed at a workplace can commence any time throughout the exam day that is convenient for both the student and supervisor. Please complete page 2.

Informal Student Study Groups

I wish to participate in an informal student study group and give ANZIIF permission to release my contact details to those students who will also participate in that study group.

Re-Enrolment Fees

Students who are unsuccessful in the Exam must re-enrol to complete both Part A and Part B again in a new study period.

If the Interactive Simulation was completed successfully in the original study period, the result can be carried over to the new study period and only Exam Part A and Part B will need to be re-attempted in the new study period.

Re-enrolling students are eligible to receive a discount of 80% off the [listed enrolment fee](#). This means you only pay 20% of the listed enrolment fee.

For example, if the unit is currently listed as AU\$460, the re-enrolment fee is AU\$92 (or if the unit is NZ\$510, the re-enrolment fee is NZ\$102).

This discounted re-enrolment fee is only available for those who re-enrol in a study period which commences within 6 months from their original result release date.

Unit Enrolments

Unit Name 1

Unit Code
(eg. BR30001-20)

Study Period
(eg. SF2401. Choose from [Academic Calendar](#))

A \$

NZ \$

Unit Name 2

Unit Code
(eg. BR30001-20)

Study Period
(eg. SF2401. Choose from [Academic Calendar](#))

A \$

NZ \$

Payment Details (Enrolments will only be processed if payment details are provided)

Please debit my Credit Card (please tick)

Amex Mastercard Visa

Card Number

Name on Credit Card

Expiry Date

CVV

Signature of Cardholder

A \$

NZ \$

* New Zealand residents pay in New Zealand dollars only.

My enrolment fee will be paid by (please tick):

Cheque / Bankdraft Enclosed

Bank Transfer (Date of transfer)

For Australian and International Students/ Members:

Bank Name: NAB
BSB: 083-004
Account Number: 515117195
Swift Code: NATAAU3303M

For New Zealand Students/Members:

Bank Name: NAB
BSB: 020-500
Account Number: 0550383025
Swift Code: BKNZLN22

Cheques to be made payable to Australian and New Zealand Institute of Insurance and Finance. Bank transfers often incur bank fees. Please ensure these fees are accounted for in your transfer.

Privacy Statement

ANZIIF stores your personal information for the purposes of providing education and membership services, improving and promoting its products and services, and meeting education regulatory reporting and compliance requirements. To review ANZIIF's full privacy policy go to www.anziif.com/privacy

Many employers support their staff in their studies and are keen to know their progress. ANZIIF on occasions is asked to supply student results to employers. Please indicate if you do not wish to have your results released to your employer for this enrolment by emailing customerservice@anziif.com, quoting your Master ID, the name of the module and advising that you do not agree to ANZIIF releasing your results to your employer.

Declaration

I declare that to the best of my knowledge the information supplied in this enrolment is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my enrolment may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of ANZIIF. I agree to abide by the Statutes, Rules and Regulations of ANZIIF.

Signature

Date

Please return this completed enrolment form with correct enrolment fee to the Australian and New Zealand Institute of Insurance and Finance.

Mail to: Level 18, 1 Nicholson Street
East Melbourne VIC 3002
Australia

Email to: customerservice@anziif.com

This acts as a tax invoice upon payment of the fee.
ABN 56 004 320 076

Supervisor Declaration

- Only fill in this page if you would like to sit your exam at your workplace with an appropriate supervisor
- The supervisor is required to fill in all sections on this page

A suitable supervisor is an independent and trusted person such as

1. Human Resources or Training Manager
2. A current qualified member of the Australian and New Zealand Institute of Insurance and Finance
3. A teacher or person working in the education field
4. A workplace manager to whom you do not directly report.

Your supervisor cannot be a current student of ANZIIF or a member of your family or a friend and ANZIIF must approve your nominated supervisor.

Student Details

Full name or Master ID of the student/s you are supervising

Your Details

Your Master ID (if you do not have a Master ID please create one at www.anziif.com/apply)

Given Name

Middle Name

Family Name

Date of Birth

Business Phone

Home Phone or Mobile

Email

Position/Title

Business Street Address (Please complete if changed since last supervision)

Venue or Company Name

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

Examination Venue Details (if different from above)

Venue or Company Name

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

Privacy Statement

The Australian and New Zealand Institute of Insurance and Finance (ANZIIF) collects and stores your personal information for the purposes of providing membership services, providing education and training programs, improving and promoting products and services, meeting education regulatory reporting and compliance requirements, and promoting your membership status in various ways. If ANZIIF does not collect your information, it may not be able to carry out these purposes properly. For full details of ANZIIF's Privacy Policy, refer to our website at www.anziif.com/privacy

Compulsory Declaration

I agree to act as an Examination Supervisor. I confirm that I have read and understood the examination supervision guidelines and that I accept the responsibilities described therein my capacity as an examination supervisor. I confirm that I have arranged for an appropriate venue for the examination(s) to take place. I confirm that the information provided by me in this form is, in all respects correct and completed to the best of my knowledge and belief that I am not related to, do not reside with nor work directly with examination candidate. I understand that ANZIIF representative can attend any examination sitting without notice.

Signature

Date

Please return this completed supervisor declaration with page 1 to the Australian and New Zealand Institute of Insurance and Finance.

Mail to:

Level 18, 1 Nicholson Street
Melbourne VIC 3002
Australia

Email to:

customerservice@anziif.com