

# Skills Unit Re-Enrolment Form

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



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## Personal Details

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

Title

☐ Dr ☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐ Other

Given Name

Middle Name

Family Name

Date of Birth

Mobile 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

Course/Qualification

First enrolment - Unit Code and Name

Study Period

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

Amount

(New Zealand residents pay in NZ\$, all other regions pay in AU\$)

Second enrolment - Unit Code and Name

Study Period

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

Amount

(New Zealand residents pay in NZ\$, all other regions pay in AU\$)

## Payment Details (Payment is required before your enrolment can be processed)

The total amount to be paid is

☐ I will pay by credit card.

We accept Visa, Mastercard and AMEX. (AMEX currently not accepted from students in New Zealand)

Please do not provide your credit card details on this form. When we process your enrolment, we will call you from 03 9613 7200 to take your payment.

If we cannot reach you, we will email you from [customerservice@anziif.com](mailto:customerservice@anziif.com).

This is to ensure your credit card details are protected

☐ I will pay by bank transfer.

Bank transfers often incur bank fees. Please ensure these fees are accounted for in your transfer.

The date of transfer is

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: BKNZMN22

## 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](http://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](mailto: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:  
Suite 2, Level 2, 50 Lonsdale Street  
Melbourne VIC 3000  
Australia

Email to:  
[customerservice@anziif.com](mailto: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 independant 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](http://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](http://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:

Suite 2, Level 2, 50 Lonsdale Street  
Melbourne VIC 3002  
Australia

Email to:

[customerservice@anziif.com](mailto:customerservice@anziif.com)