

# Qualification Eligibility Form



Students that have completed the required subjects and wish to receive an ASFA qualification should complete this form.

## SECTION 1: INFORMATION ABOUT THE STUDENT (PLEASE PRINT CLEARLY AND COMPLETE ALL DETAILS. THE NAME USED ON THIS FORM WILL BE PRINTED ON YOUR QUALIFICATION)

ASFA Student number:		Title (Dr, Mr, Ms, Mrs, Miss/other):	
First Name:		Surname:	
Title/Position:		Date of Birth:	
Organisation Name:			
E-mail Address:			
Work Phone Number:		Home Phone Number:	
Fax Number:		Mobile Number:	
Certificate Dispatch Address:			
Please send any changes of personal details to <a href="mailto:learning@superannuation.asn.au">learning@superannuation.asn.au</a>			

## SECTION 2: QUALIFICATION SELECTION

Please select the qualification that you wish to apply for.

Courses (available until June 2011)		New courses (available from January 2011)	
<input type="checkbox"/>	Certificate IV in Financial Services (Superannuation)	<input type="checkbox"/>	Certificate IV in Superannuation
<input type="checkbox"/>	Diploma of Financial Services (Superannuation)	<input type="checkbox"/>	Diploma of Financial Planning
<input type="checkbox"/>	Diploma of Financial Services (Financial Planning)	<input type="checkbox"/>	Diploma of Superannuation
<input type="checkbox"/>	Advanced Diploma of Financial Services (Superannuation)	<input type="checkbox"/>	Advanced Diploma of Superannuation

## SECTION 3: SUBJECT INFORMATION

Please provide details of previous subjects studied with ASFA or any exemptions that have previously been approved by ASFA. Students who need to apply for an exemption please contact ASFA Student Services.

Subjects Name	Year Completed	Institution

## SECTION 4: CURRENCY

Each qualification should be completed within 2 years. Where subjects are outside the 2 year time frame, currency of knowledge and skills is required. Please refer to the ASFA Student Handbook or contact an ASFA Student Adviser for further information on 02 9264 9300 or email [learning@superannuation.asn.au](mailto:learning@superannuation.asn.au).

## SECTION 5: STUDENT COMPULSORY DECLARATION

I declare that the above information is true and correct. I have attached all relevant exemption documentation.

I give permission for my results from this application to be released to my employer:  Y  N

Signed:		Date:	
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## SECTION 6: PRIVACY POLICY

The Association of Superannuation Funds of Australia Ltd (ASFA) is committed to safeguarding your privacy and complying with the National Privacy Principles as set out in the Privacy Act (1988) and its subsequent amendments. Our full Privacy Policy is available on [www.superannuation.asn.au](http://www.superannuation.asn.au) or contact [privacy@superannuation.asn.au](mailto:privacy@superannuation.asn.au).

FORMS MUST BE PRINTED AND SIGNED BY THE STUDENT.

Return forms by mail to PO Box 1485 Sydney NSW 2001, fax to 1300 926 484 or scan and e-mail to [learning@superannuation.asn.au](mailto:learning@superannuation.asn.au)