

# ACCOUNTANCY AND TAX ONLINE BOOKING FORM - JERSEY

PERSONAL DETAILS		AUTHORISATION TO INVOICE EMPLOYER	
Title	Date of Birth	Company Name	
First Name		Company billing address	
Last Name			
Home Address		Town/City	Post code
		Authorising Manager	
		Job Title	Tel
Town/City	Post Code	Email	
Work Email		Authorising signature*	
Work Tel		<i>*I am authorized by the above company to authorize payment of the course and study material fees set out in this application form and , by signing this application, I confirm that the above company agrees to the terms and conditions applicable to such sponsorship and set out in the terms and conditions applicable to the course(s) and study materials</i>	
Signature*			
<i>*Student signature, by signing, I accept BPP's Privacy Policy (as amended from time to time) and consent to BPP providing the personal data (including sensitive personal data) to my Employer. By submitting this application form, I confirm that I agree to the terms and conditions applicable to the course(s) and study materials.</i>			
Examining body registration number		GST ISE Number	
		PO Number	
PLEASE CIRCLE AS APPLICABLE BELOW		Accounts Payable Tel	
Self-funded	Employer funded	Accounts Payable email	

Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on BPP premises? Yes No  
(If yes, please arrive for the start of the first day of your course 15 minutes early to allow for the local site Health & Safety Officer to complete the necessary evacuation procedure and assessments with you.)

## Data Protection

BPP Professional Education (Jersey), need to release student names and registration numbers to the examining body, who will in turn release the results of these students to BPP. If you do not wish to be included in this process please tick the box. ☐

**IMPORTANT - it is the student's responsibility to register with the examining body**

## COURSE DETAILS

Programme/Course/Qualification/ Level/Paper(s)	Sitting (exam year)	Study Option (e.g. Full ISP, online, evening)	Start date	Price

## PAYMENT DETAILS

BY CHEQUE ☐ Please enclose cheque made payable to **BPP (CI) Limited**  
BY CARD ☐ VISA ☐ MasterCard ☐

Card holder's name:

Card holder's address:

Postcode:

Date:

Card Number:

Security code:

Valid from:

Expiry date:

SEND TO: Mary Snell

Email: [marysnell@bpp.com](mailto:marysnell@bpp.com)

Tel: 711800