CIPD FOUNDATION & INTERMEDIATE BOOKING FORM For Jersey students



| PERSONAL DETAILS | | | AUTHORISATION TO INVOICE EMPLOYER | | | |
|---|---|-----------------------|--|--|-----------------|--|
| Title Date of Birth Page 1997 | | | Company name | | | |
| First name | | | Company billing address | | | |
| Last name | | | | | | |
| Correspondence and delivery address | | | | | | |
| | | | Town/City Postcode | | | |
| | | | Authorising manager | | | |
| T. (C') | | | Job title Daytime tel. | | | |
| Town/City Postcode | | | PO Number | | | |
| Email | | | | | | |
| Daytime tel. | | | Authorising signature* | | | |
| Signature* | | | Accounts Payable tel. | | | |
| Student No. (if known) | | | Accounts Payable email | | | |
| Exam body registration No. | | | Employer to be notified of exam results and absences | | | |
| | | | | | | |
| Please tick as applicable below: | | | | | | |
| Self-funded | | | | | | |
| 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.) | | | | | | |
| COURSE DETAILS | | | | | | |
| Programme/course, qualification/level, paper(s) | Start date (please circle) | Study option | on | Workshop location (1 per programme) | Price (£) | |
| ☐ CIPD Intermediate Certificate in Human Resource Management | Feb/June/Oct | Online Classroom Live | | ☐ Birmingham ☐ London ☐ Manchester | £2800 | |
| ☐ CIPD Intermediate Diploma in Human Resource Management | Feb/June/Oct | Online Classroom Live | | ☐ Birmingham ☐ London ☐ Manchester | £3300 | |
| ☐ CIPD Intermediate Certificate to Diploma Upgrade | Feb/June/Oct | Online Classroom Live | | ☐ Birmingham ☐ London ☐ Manchester | £500 | |
| | 5 t // // // // // // // // // // // // / | | | | 400.4 | |
| Higher Apprenticeship in Human Resource Management | Feb/June/Oct | Online Classroom Live | | ☐ Birmingham ☐ London ☐ Manchester | £POA | |
| | | | | | Total: | |
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| | | | | | | |
| | | | | | | |
| PAYMENT (if not funded by employer) | | | | | | |
| BY CHEQUE Please enclose cheque made payable to BPP Professional Education | | | | | | |
| BY CARD VISA ☐ MasterCard ☐ | | | | | | |
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| Card holder's address | | | | ard details for next time | | |
| If you would like to register | | | | like to register these card details with us to fa ere. Your card details will be held securely by | | |
| party payment service provide | | | | nt service providers and, unless you tell us otl payments in connection with this and any fut | | |
| | | | tilis cara for | payments in connection with this and any ruti | are Brit order. | |
| Town/City Postcode | | | | _ | | |
| Card holder's signature* | | | SEND TO | | | |
| | | | BPP Professional Education Tel: 01534 711800 | | | |
| Date | | | Email: jerseyenquiries@bpp.com | | | |
| Card number | | | | Chambers, 39 Don Street, St Helier, Jersey, JE | 2 4TR | |
| Security code (last three digits on back of card) | <u> </u> | | **** | | | |
| Valid from Expires | | | | ng this form you are agreeing to our Terms & Conditi d the full Terms and Conditions go to bpp.com/term | | |