

Financial Services 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 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	
Signature*			
*By submitting this application form, I confirm that I agree to the terms and conditions applicable to the course(s) and study materials			
Mobile No		GST ISE Number	
Home Email		PO Number	
CISI Student No.		Accounts Payable Tel	
PLEASE CIRCLE AS APPLICABLE BELOW		Accounts Payable email	
Self-funded	Employer funded	Employer to be notified of exam results & absences?	

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 – Exam based students

BPP Professional Education (Jersey), need to release student names and registration numbers to the examining institute, who will in turn release the results of these students to BPP. These results will be used as part of the BPP monitoring process. 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 relevant institute for membership and exam entry.

COURSE DETAILS

Programme/Course/Qualification/Level/Paper(s)	Sitting (exam year)	Study Option (e.g. Full ISP, online, evening)	Course Location	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: Maxine Preddy Email: maxinepreddy@bpp.com Tel: 711803