

ICSA BOOKING FORM

JERSEY

PERSONAL DETAILS

Title: _____ Date of Birth:

First Name: _____

Last name: _____

Correspondence and delivery address: _____

Town/City: _____ Postcode: _____

E-mail: _____

Daytime Tel: _____

Mobile No: _____

Signature: _____

ICSA Student No:

AUTHORISATION TO INVOICE EMPLOYER

Company name: _____

Company billing address: _____

Town/City: _____ Postcode: _____

Authorisation manager: _____

Job Title: _____ Daytime Tel: _____

PO Number: _____

GST registration no: _____

Authorisation signature: _____

Accounts Payable Tel: _____

Accounts Payable e-mail: _____

PLEASE TICK AS APPLICABLE BELOW:

Self-funded Employer funded Employer to be notified of exam result and 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

BPP Professional Education (Jersey), need to release student names and registration numbers to ICSA, 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 relevant professional body

COURSE DETAILS

Programme/course, qualification/level, paper(s)	Sitting (exam year)	Study option (e.g. Full ISP, Revision, Home Study, OCR, OCR Live)	Course location	Start date	Price (£)

ICSA CSQS OCR & OCR Live students are required to purchase the recommended textbook from ICSA direct

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: Expires:

Total:

SEND TO:

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