

# ICSA COURSE 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	
ICSA 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

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. These results will be used as part of the ICSA ALP 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 ICSA for the exams by the deadlines published by the institute:**  
**CSQS by 1st April for the June sitting and by 1st October for the November sitting**  
**COFA/DOFA by 1st May for the July sitting and by 1st December for the February sitting**  
**ICSA OCR & OCR Live students are required to purchase the recommended textbook from ICSA direct**

### COURSE DETAILS

Programme/Course/Qualification/Level/Paper(s)	Sitting (exam year)	Study Option (e.g. Full ISP, OCR, OCR Live, Revision Only)	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:  
**ZIGGY PIETRZYKOWSKI**  
 ICSA OPERATIONS AND  
 ADMINISTRATION MANAGER  
**BPP PROFESSIONAL EDUCATION**  
 WHITELEY CHAMBERS  
 39 DON STREET  
 ST. HELIER  
 JERSEY JE2 4TR  
 D: 01534 711 841  
[ziggypietrzykowski@bpp.com](mailto:ziggypietrzykowski@bpp.com)