

# ICB HOME STUDY COURSE ENROLMENT FORM

## 1a Your details

Surname \_\_\_\_\_ Forename \_\_\_\_\_ Mr/Miss/Ms/Mrs  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## 1b. Your Employers Details

*Students sponsored by their employer must fill in this section and section 2c.*

Training Manager's name \_\_\_\_\_ Company name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

## 1c. Please mail all study material to home / work\* address

(\*DELETE AS APPROPRIATE) Please note that delivery will take approximately seven days from receipt of your order. A signature is required for all deliveries so please supply an address, which will be occupied during office hours.

## 2a. Payment Details

Home Study Fees	Price £	Examination :Please state the MONTH and YEAR you wish to sit the examination. Month <span style="float: right;">Year</span>	
Level I	£199		
Level II	£299		
Level II Computerised	£399		
Level III	£399		
Level III Payroll	£499		
<b>Total</b>	<b>£</b>		
Postage and packaging			
UK Mainland	£15.00		
Rest of the World	£42.00		
<b>TOTAL COST</b>	<b>£</b>		

Please note that the following items are **NOT** included in your course fees:

- ICB Annual Subscription fees £45
- ICB Examination fees (from £18)

## 2b. Method of payment

*Tick one box only*  
 Please invoice my employer and make sure that section 2c is completed.  
 I enclose a cheque / PO made payable to PREMIER TRAINING for £ \_\_\_\_\_  
 Please charge my credit / debit card number

Expiry date    /    Issue number    Start date (switch only)    /

Security Number (last 3 digits on reverse of card)      Please supply card holder's name and address if different to that above

## 2c. Student's / Employers authorisation

I/We are responsible for payment of all fees due on receipt of the invoice in respect of the student here named and undertake to inform you in writing of any changes to this agreement. I/We understand that we are fully responsible for the payment of fees due in all circumstances including termination of employment or cancellation of course.

Name ..... Position ..... Signature ..... Date .....

## 3. Academic Background and other details

Please indicate your qualifications/experience and provide brief details below. Please note that this information is used for marketing purposes only and will have no effect on your enrolment

## How to enrol

- By phone. If you are paying by credit card and have a few minutes to spare **(0870 350 1362) or fax 01469 515447**  
 If your employer has asked to be invoiced please issue an order form.
- By post. Send your completed enrolment form, with payment where appropriate to **Premier Training**, Resource Centre,  
 Immingham, N. E. Lincs. DN40 1LE

*FOR OFFICE USE ONLY:* Order taken by \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_ Invoice No \_\_\_\_\_

