

O ACCA

# Guernsey | Professional qualification enrolment form

Please return the form to BPP Guernsey: guernseyenquiries@bpp.com

Please select the awarding body of the professional qualification you are enrolling on (select one

○ CGIUKI

Awa	rding	body

awarding body per enrolment form).

O CISI

○ ICAEW

Personal details (customer)			
Title			
First name			
Last name			
Date of birth			l am over 18 year: of age
Mobile phone number			
Personal email address			
Work email address (if employer-funded)			
Student number			
Do you have any special needs/c of a building evacuation whilst you Yes No If yes, please contact guernseyer requirements in advance of your  Course details  Important: It is the student's response to the student's response.	ou are on BPP premise nquiries@bpp.com to course date.	es? discuss your	ody
by the published deadlines.  Qualification – Level/Paper *	Course start date	Study option **	Price
(if ACCA include Variant where applicable)	Journal Start date		11100
* Examples: ACCA – AB; ACA – Tax Compliance; Level 4 IFA	Accounting		

<sup>\*\*</sup> Study options: Full course; Revision only; Question-based day; Online Classroom; Online Classroom Live

## Invoice and payment details. Please complete relevant column.

	Employer-funded	Self-funded
	Lilipioger-randed	Jen-idilded
Employer name / Name		
Billing address		
Town/city		
Postcode		
Billing email address		
Order number (if applicable)		
Authorising manager (if employer-funded)		
Authorising manager Name		

An invoice will be raised and sent once the booking has been processed and this will provide details for BACS or cheque payment. If you prefer to pay by card please call +44 (0)1481 266176, quoting your invoice number, and a member of the team will be happy to help.

## **Signature**

Please read the Terms and Conditions and Privacy Notice below before signing this form. By signing this form, you acknowledge and agree to be bound by the Terms and Conditions and Privacy Notice.

Signature *	Authorising signature * (if employer-funded)	

#### **Terms and conditions**

Authorising manager
Work email address

By signing this form, you (and your authorising employer if applicable) acknowledge that you have read and agree to be bound by the Terms & Conditions, which can be found on this page of the BPP International Finance website: <a href="https://www.bppif.com/termsandconditions">https://www.bppif.com/termsandconditions</a>.

#### **Privacy Notice**

BPP will use the information provided in this form in order to register you for and deliver the course you have selected. Please be aware that, where you are employer-funded, BPP will share information relating to you, including feedback and exam results with your employer. Further, BPP needs to release your name and registration number to the awarding body, who will in turn release your results to BPP to monitor our pass-rate performance.

Additionally, you can choose to receive marketing information relevant to the course you are interested in. Please use the checkboxes below to let us know if you are happy to receive these communications. You can opt out of marketing at any time, either by calling us or visiting the Preference Centre or clicking the Unsubscribe link on future emails. We will not share your marketing information outside of the BPP Professional Education Group.

$\bigcirc$	I am happy to receive marketing information from BPP
$\bigcirc$	I do not wish to receive marketing information from BP

For further information, explaining how we use your information, please see our Privacy Policy at https://www.bpp.com/privacy.

By submitting this form, you agree that you have read and accepted our Privacy Policy.

<sup>\*</sup> If you cannot sign digitally, please print the form and sign it manually.