PROFESSIONAL SKILLS COURSE BOOKING FORM

For UK and International students

BPP PROFESSIONAL EDUCATION

PERSONAL DETAILS

Title Date of Birth D D / M M / Y Y Y Y

First name

Last name

Correspondence and delivery address/DX

Use this address for study materials ☐

Town/City Postcode

Email Daytime tel.

Mobile tel.

Signature* Date D D / M M / Y Y Y Y

Training contract start / end dates D D / M M / Y Y - D D / M M / Y Y

Areas of Interest

AUTHORISATION TO INVOICE EMPLOYER

Company name

Company billing address/DX

Use this address for study materials ☐

Town/City Postcode

Training manager

Email Daytime tel.

PO Number

VAT registration no.

Authorising signature*

Date D D / M M / Y Y Y Y

Accounts Payable tel.

Accounts Payable email

Please tick as applicable below:

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.)

Learning Support: BPP is committed to equal opportunities and diversity of access. To help us meet your needs, please specify any special arrangements you may need to assist your studies. Please also enclose the necessary supporting medical documentation or other evidence that is less than 12 months old. If candidates are sitting the assessment with BPP you are requested to notify BPP at least one month prior to the assessment sitting.

Please specify

Packages

PSC Core & Electives (3 Core modules & 24 hours Electives) ☐	PSC Electives (18 hours) ☐	PSC Core & Accounts module ☐
PSC Core Modules only (8 days including examination) ☐	PSC Electives (12 hours) ☐	PSC Core & Civil / Criminal Higher Rights Courses (delete Civil / Criminal as required) ☐
PSC Electives (24 hours) ☐	PSC Core & Accounts module & 12 hours Electives ☐	PSC Core & Civil / Criminal Higher Rights Courses and Assessment (delete Civil / Criminal as required) ☐

COURSE DETAILS

Course title - core/elective	Course location (e.g. London, Leeds, Manchester)	Date	Price (£)
		Higher Rights postage:	£5.00
		Total:	

PAYMENT (if not funded by employer)

BY CHEQUE Please enclose cheque made payable to **BPP Professional Education**

BY CARD VISA ☐ MasterCard ☐

Card holder's name Grand total

Card holder's address

Town/City Postcode

Card holder's signature*

Date D D / M M / Y Y Y Y

Card number

Security code (last three digits on back of card)

Valid from M M / Y Y Expires M M / Y Y

☐ **Save these card details for next time**

If you would like to register these card details with us to facilitate future orders, please tick here. Your card details will be held securely by BPP and/or our third party payment service providers and, unless you tell us otherwise, we will use this card for payments in connection with this and any future BPP order.

SEND TO

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*Note: By signing this form you are agreeing to our Terms & Conditions as stated on our website. To read the full Terms and Conditions go to bpp.com/terms