Insolvency Booking Form



Total (excl VAT):

Total:

PERSONAL DETAILS (CUSTOMER) Title Date of Birth / / Employer name Employer billing address Employer billing address Town/City Postcode Preferred tel. Email Student No. (if known) Exam body registration No. AUTHORISATION TO INVOICE EMPLOYER (if applicable) Employer name Employer billing address Town/City Postcode Authorising manager Name Job title Work tel Work email Order Number
First name Last name Correspondence address Town/City Postcode Authorising manager Name Preferred tel. Email Student No. (if known) Exam body registration No. Employer billing address Town/City Postcode Authorising manager Name Work tel Uob title Work email Order Number
Last name Correspondence address Town/City Postcode Authorising manager Name Preferred tel. Job title Email Student No. (if known) Work tel Exam body registration No. Order Number
Correspondence address Town/City Postcode Authorising manager Name Preferred tel. Job title Email Student No. (if known) Work tel Stam body registration No. Order Number
Town/City Postcode Authorising manager Name Preferred tel. Email Student No. (if known) Exam body registration No. Town/City Postcode Authorising manager Name Job title Work tel Work tel Order Number
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Email Student No. (if known) Exam body registration No. Job title Work tel Work email Order Number
Student No. (if known) Exam body registration No. Work tel Work email Order Number
Exam body registration No. Order Number
Exam body registration No. Order Number
If employer funded: PO Number
Work email Employer accounts department (if applicable)
Work tel. Accounts tel.
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 Accounts email
and Privacy Notice. VAT no.
Signature '
Are you under 18 years of age? this form. By signing this form you acknowledge and agree to be bound by the Terms and Conditions and Privacy Notice.
Please tick as applicable below: Authorising signature
Self-funded Employer funded
If employer funded, student feedback and exam results to be sent to:
Name Email
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.)
COURSE DETAILS
Qualification (JIEB, CPI, CPI, ICAEW). Sitting (e.g. Online Classroom Live or Distance Learning option (e.g. London OR Manchester) Start date Price (£)

Learning support

If you need learning support for any aspect of this course, please contact the learning support team at **learningsupport@bpp.com**. This is necessary even if you've previously informed them, as prior arrangements from a different qualification may not carry across to this course. To guarantee reasonable adjustments are in place, kindly make these arrangements a minimum of one week before your scheduled training or assessment. If these arrangements are not made within this time frame, BPP cannot guarantee that the requirements will be in place.

PAYMENT (if not funded by employer)

BY CARD

Please complete the course details section and our bookings team will contact you within 24 hours to take payment securely over the telephone.

Please complete any special information below and tick here to let us know.

SEND TO:

Email: Insolvency@bpp.com

ENQUIRIES:

Tel: +44 (0) 3300 603331 - option 1 Email: Insolvency@bpp.com

Terms and Conditions

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 are available at www.bpp.com/terms-and-conditions/classroom-online-terms

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 may need to release your name and registration number to the relevant exam body, who will in turn release your results to BPP. 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.

I am happy to receive marketing information from BPP.

I do not wish to receive marketing information from BPP.

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

SPECIAL INFORMATION