Higher Rights of Audience Qualification (HRAQ)



PERSONAL DETAILS (CUSTOMER)				AUTHORISATION TO INVOICE EMPLOYER (if applicable)				
Title	Date of Birth	/ /		Employer name				
First name				Employer billing address				
Last name								
Correspondence address								
				Town/City		Postcode		
Town/City	Postcode			Authorising manage	er			
Preferred tel.				Name Job title				
Email				Work tel				
SRA No. (if known)				Work email				
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 Please tick as applicable below:				'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. Authorising signature				
Self funded Employer funded 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.)								
	:							
Date	Location	Title				Cost		
							. 🗖	
					Total			

Please note that delegates will be expected to provide their own copies of Practitioner texts, such as The White Book, Archbold, Blackstone's as appropriate. These will not be provided by BPP.

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)	☐ Please complete any special information below and tick here to let us know.			
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.	SEND TO: Email: Service@bpp.com ENQUIRIES: Tel: +44 (0) 3300 603 100 Email: Service@bpp.com			
Terms and Conditions By signing this form you (and your authorising employer if applicable) acknowledge that you have read and agree to conditions/classroom-online-terms.	be bound by the Terms & Conditions which are available at www.bpp.com/terms-and-			
Privacy Notice BPP will use the information provided in this form in order to register you for and deliver the course you have selecte including feedback and exam results with your employer. Further, BPP may need to release your name and registra can choose to receive marketing information relevant to the course you are interested in. Please use the checkboxe at any time, either by calling us or visiting the Preference Centre or clicking the Unsubscribe link on future emails. We	ation number to the relevant exam body, who will in turn release your results to BPP. Additionally, you as below to let us know if you are happy to receive these communications. You can opt out of marketing			
☐ 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/priv	racy.			
SPECIAL INFORMATION				