

**1. YOUR DETAILS**

Surname	_____	Home Address	_____
Forename	_____		_____
Date of Birth	_____		_____
ACCA Membership No	_____		_____
Email (Home)	_____	Postcode	_____
Email (Work)	_____	Telephone (Home)	_____
Mobile	_____	Telephone (Work)	_____

I have read and consent to the terms and conditions and privacy policy as displayed on the iCount website

**2. COURSE REQUIREMENTS (please tick and specify course detail)**

Classroom Tuition
  Live Online (FI GO Live)
  Online (FI GO)

Paper <small>(e.g. FM, TX, SBL)</small>	Course Type & Time <small>(e.g. Stage 1 - weekend, Stage 2 - Weekday)</small>	Start Date	Price <small>(inclusive of VAT as per brochure)</small>

Delivery address for home study or online orders

<input type="checkbox"/> work address	<input type="checkbox"/> other please specify	Total inc. VAT	£
<input type="checkbox"/> home address	_____		

**3. EMPLOYER (please complete this section if your employer is paying for your course)**

Manager Name	_____	Billing Address	_____
Manager Email	_____		_____
Telephone	_____		_____
PO Number	_____		_____
<b>Manager's Signature</b>		_____	

I consent to feedback on my progress being provided to my employer at their request

**4. OTHER PAYMENT**

If you are self-funding, we will contact you. Please leave preferred number: \_\_\_\_\_

**5. OUR CONTACT DETAILS**

Please send your completed booking form to:

**Email:** study@icounttraining.com

**Post:** 16th Floor Manchester One, Portland Street, Manchester M1 3LD