

1. YOUR DETAILS

Surname	_____	Home Address	_____
Forename	_____		_____
Date of Birth	_____		_____
CIMA 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)*

CIMA Subjects <small>(e.g: BA3, P2, E3)</small>	Course Type & Time <small>(e.g: Complete Weekend, Revision, Case Study)</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	_____		_____
Manager's Signature		_____	

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