

IPASS Enrolment Form

1. PERSONAL DETAILS

*Company details are optional

| | | | |
|--|--|------------|---|
| Forename | | Company | |
| Surname | | Address | |
| Address | | | |
| Tel Home | | Tel Work | |
| Mobile | | Email | |
| Please state your nationality (eg Irish, French, Polish) | | PPS Number | |
| Date of Birth | | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

2. COURSE DETAILS (Please enter the name of the course you are enrolling for)

Venue Distance Learning

| | | |
|--|--|--|
| | | |
|--|--|--|

If you were referred by a previous student/member please enter their details below:

Referred by: _____ Student/Member ID Number _____

3. FEES SECTION (please indicate with an X as appropriate)

| | | |
|--|----------------|-------------------------------------|
| Student Registration Fee: | €200.00 | <input checked="" type="checkbox"/> |
| Course Fee | €990.00 | <input checked="" type="checkbox"/> |
| *Revision Day (Optional) | | |
| December 2017 | €100.00 | <input type="checkbox"/> |
| May 2018 | €100.00 | <input type="checkbox"/> |
| Discounts Available | | |
| Paying course in full | (€50.00) | <input type="checkbox"/> |
| Studying via Distance/Online learning | (€250.00) | <input type="checkbox"/> |
| Total Fee Due: | | |
| *The Revision Pack is included free of charge for distance learning students. Please see the student handbook on www.ipass.ie for conditions | | |
| Are you applying for funding? Yes / No | | |

FEES ARE NON REFUNDABLE AND PAYABLE IN ADVANCE

I agree to IPASS processing personal data contained in this form or other data which IPASS may obtain from me or from other people whilst I am a student. I also agree to be bound by the rules and regulations set out in the IPASS Student Handbook.

Applicants Signature: _____

Date: _____

Please Select Your Payment Option

| | |
|---|--|
| Paying in full with enrolment | |
| Paying in 2 Stages (September & February) | |
| Paying by Direct Debit | |

Please email ask@ipass.ie for a direct debit form. An initial payment of €500 followed by 5 monthly payments.

4. PAYMENT DETAILS

Cheque
 Credit Card
 Debit Card
 Invoice Employer

Employers Signature: (required if Invoice Employer is selected) _____

Payment by credit card is subject to a 2% surcharge. No surcharge applies to payment by Debit Card

| | | | |
|-------------------------|----------------------------|---------------------------|---------------------------------|
| Credit/Debit Card No | | | |
| Expiry Date | Month <input type="text"/> | Year <input type="text"/> | CVV Number <input type="text"/> |
| Signature of cardholder | | | |
| Address | | | |

| | | | |
|---------------------|---------------|--|------------|
| For Office Use Only | Date Received | | Invoice No |
|---------------------|---------------|--|------------|