

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

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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)		
May 2017	€100.00	<input type="checkbox"/>
December 2017	€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:		

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	

*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

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
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