

Certificate in Employment Law

Enrolment Application Form

INT17

1. PERSONAL DETAILS

*Company details are optional

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

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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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)	FEES ARE NON REFUNDABLE AND PAYABLE IN ADVANCE
*Student Registration Fee: €200.00 <input checked="" type="checkbox"/>	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..
*Course Fee €495.00 <input checked="" type="checkbox"/>	
Revision Day (Optional) €100.00 <input type="checkbox"/>	
<i>**The Revision Pack is included free of charge for distance learning students. Please see www.ipass.ie for conditions</i>	
Discounts Available	Applicants Signature: _____
Discount for paying in full (€50.00) <input type="checkbox"/>	Date: _____
Studying via distance/online learning (€150.00) <input type="checkbox"/>	Please Select Your Payment Option
Total Fee Due:	Paying in full with enrolment <input type="checkbox"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	Month <input type="text"/>	Year <input type="text"/>	CVV Number	<input type="text"/>											
Signature of card holder	<input type="text"/>														
Address	<input type="text"/>														

For Office Use Only	Date Received	<input type="text"/>	Invoice No	<input type="text"/>
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