

Certificate in VAT Techniques

Accredited by QQI (Level 6 Special Purpose)

Enrolment Application Form

INT15

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 Female

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:	€100.00	<input checked="" type="checkbox"/>
*QQI Fee:	€50.00	<input checked="" type="checkbox"/>
*Course Fee	€990.00	<input checked="" type="checkbox"/>
**Revision Day (Optional)		
December 2015	€100.00	<input type="checkbox"/>
May 2016	€100.00	<input type="checkbox"/>

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: _____

***The Revision Pack is included free of charge for Distance Learning students. Please see www.ipass.ie for conditions*

Discounts Available		
Paying Fees in Full	(€50.00)	<input type="checkbox"/>
Studying via Distance/Online learning	(€250.00)	<input type="checkbox"/>
Total Fee Due:		

Please Select Your Payment Option

Paying in full with enrolment	<input type="checkbox"/>
Paying in 2 Stages (September & February)	<input type="checkbox"/>
Paying by Direct Debit	<input type="checkbox"/>

Please email ask@ipass.ie for a direct debit form. An initial payment of €320.00 followed by 6 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 Year CVV Number

Signature of card holder _____

Address _____

For Office Use Only	Date Received		Invoice No	
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