

Please return the form to BPP Guernsey: [guernseyenquiries@bpp.com](mailto:guernseyenquiries@bpp.com)

## Awarding body

Please select the awarding body of the professional qualification you are enrolling on (select one awarding body per enrolment form).

- ACCA   
  CISI   
  ICAEW   
  CGIUKI

## Personal details (customer)

Title	
First name	
Last name	
Date of birth	
Mobile phone number	
Personal email address	
Work email address (if employer-funded)	
Student number	

I am over 18 years of age

## Special needs/disability

Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on BPP premises?

- Yes   
  No

If yes, please contact [guernseyenquiries@bpp.com](mailto:guernseyenquiries@bpp.com) to discuss your requirements in advance of your course date.

## Course details

**Important:** It is the student's responsibility to register with the awarding body by the published deadlines.

Qualification – Level/Paper * (if ACCA include Variant where applicable)	Course start date	Study option **	Price

\* **Examples:** ACCA – AB; ACA – Tax Compliance; Level 4 IFA – Accounting

\*\* **Study options:** Full course; Revision only; Question-based day; Online Classroom; Online Classroom Live

# Invoice and payment details. Please complete relevant column.

	Employer-funded	Self-funded
Employer name / Name		
Billing address		
Town/city		
Postcode		
Billing email address		
Order number (if applicable)		

Authorising manager (if employer-funded)

Authorising manager Name	
Authorising manager Work email address	

An invoice will be raised and sent once the booking has been processed and this will provide details for BACS or cheque payment. If you prefer to pay by card please call +44 (0)1481 266176, quoting your invoice number, and a member of the team will be happy to help.

## Signature

Please read the Terms and Conditions and Privacy Notice below before signing this form. By signing this form, you acknowledge and agree to be bound by the Terms and Conditions and Privacy Notice.

Signature *		Authorising signature * (if employer-funded)	
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\* If you cannot sign digitally, please print the form and sign it manually.

## Terms and conditions

By signing this form, you (and your authorising employer if applicable) acknowledge that you have read and agree to be bound by the Terms & Conditions, which can be found on this page of the BPP CI website: <https://www.bppci.com/termsandconditions>.

### Privacy Notice

BPP will use the information provided in this form in order to register you for and deliver the course you have selected. Please be aware that, where you are employer-funded, BPP will share information relating to you, including feedback and exam results with your employer. Further, BPP needs to release your name and registration number to the awarding body, who will in turn release your results to BPP to monitor our pass-rate performance.

Additionally, you can choose to receive marketing information relevant to the course you are interested in. Please use the checkboxes below to let us know if you are happy to receive these communications. You can opt out of marketing at any time, either by calling us or visiting the Preference Centre or clicking the Unsubscribe link on future emails. We will not share your marketing information outside of the BPP Professional Education Group.

- I am happy to receive marketing information from BPP
- I do not wish to receive marketing information from BPP

For further information, explaining how we use your information, please see our Privacy Policy at <https://www.bpp.com/privacy>.

By submitting this form, you agree that you have read and accepted our Privacy Policy.