

1. YOUR DETAILS

Surname	_____	Home Address	_____
Forename	_____		_____
Date of Birth	_____		_____
CIMA Membership No	_____		_____
Email (Home)	_____	Postcode	_____
Email (Work)	_____	Telephone (Home)	_____
Mobile	_____	Telephone (Work)	_____

I have read and consent to the terms and conditions and privacy policy as displayed on the iCount website

2. COURSE REQUIREMENTS (please tick and specify course detail)

Classroom Tuition
 Live Online (FI GO Live)

Online (FI GO)

CIMA Subjects <small>(e.g: BA3, P2, E3)</small>	Course Type & Time <small>(e.g: Complete Weekend, Revision, Case Study)</small>	Start Date	Price <small>(inclusive of VAT as per brochure)</small>

Delivery address for home study or online orders

<input type="checkbox"/> work address	<input type="checkbox"/> other please specify	Total inc. VAT	£
<input type="checkbox"/> home address	_____		

3. EMPLOYER (please complete this section if your employer is paying for your course)

Manager Name	_____	Billing Address	_____
Manager Email	_____		_____
Telephone	_____		_____
PO Number	_____		_____
Manager's Signature		_____	

I consent to feedback on my progress being provided to my employer at their request

4. OTHER PAYMENT

If you are self-funding, we will contact you. Please leave preferred number: _____

5. OUR CONTACT DETAILS

Please send your completed booking form to:

Email: study@icounttraining.com

Post: 16th Floor Manchester One, Portland Street, Manchester M1 3LD