

1. YOUR DETAILS

Surname _____

Home Address _____

Forename _____

Date of Birth _____

ICAEW 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

Online (FI GO)

Paper <small>(e.g. FI, FAR, CASE)</small>	Course Type & Time <small>(e.g. taught, revision)</small>	Start Date	Price <small>(only to complete if self-funding)</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