

# Irish Payroll Association

## CERTIFICATE IN PAYROLL TECHNIQUES

Student ID

PLEASE USE BLOCK LETTERS WHEN COMPLETING

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### PERSONAL DETAILS – Must be completed in full

First name:		Surname:	
Address:			
Email Address:			
Date of Birth:		Nationality:	
PPS Number:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Phone No:	Mobile:	Home:	

### ENGLISH PROFICIENCY - Must be completed in full

Is English your first language?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If English is not your first language, how long have you been living in, or working in, an English-speaking environment?					Years

### COURSE FEES/LEARNING MODE

### PAYMENT OPTIONS - Conditions Apply

I would like to study by (please select)	Distance/Online	<input type="checkbox"/>	Classroom	<input type="checkbox"/>
I would like to attend (please insert venue)				
Distance/Online Learning	€950.00	<input type="checkbox"/>	Paying in full on enrolment	<input type="checkbox"/>
Classroom	€1,200.00	<input type="checkbox"/>	**Paying by Direct Debit	<input type="checkbox"/>
Revision Day Stage 1 (optional)	€100.00	<input type="checkbox"/>	Are you applying for funding?	Yes/No
Revision Day Stage 2 (optional)	€100.00	<input type="checkbox"/>	Total Fee Due:	

**\*\* If you are paying by direct debit an additional charge of €35 applies. Direct debit forms are available by emailing [ask@ipass.ie](mailto:ask@ipass.ie) An initial payment of €500 must accompany your enrolment with the balance payable by direct debit.**

### PAYMENT DETAILS

Payment Method:	Cheque:	<input type="checkbox"/>	Credit/Debit Card	<input type="checkbox"/>	Invoice Employer	<input type="checkbox"/>
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### INVOICE – enter details of where to send your invoice if Employer is to be Invoiced

Company Name:	
Address:	
Email for Invoice	

Employers Signature: (required if your employer is paying for your fees) \_\_\_\_\_

**FEES ARE NON REFUNDABLE AND PAYABLE IN ADVANCE UNLESS PREVIOUSLY AGREED WITH IPASS**

### Credit/Debit Card Details

Expiry Date:	MM / YYYY		CVV Number:												
Cardholders Name:															
Signature of Cardholder:															

## REFER A FRIEND

If you were referred by a past student, they will receive a voucher for €50 once your fees have been paid in full. Please enter their details below so we can forward their voucher to them.

Name:

Student ID Number:

## APPLICATION REQUIREMENTS / CHECKLIST

1. All sections must be completed unless marked as (Optional). Incomplete forms will be returned to you for completion and may result in delays in processing your application.
2. If your employer is paying for your course fees, then your employer must confirm this by signing the appropriate section.
3. Your application must be signed by you. Applications that are not signed will be returned.

## PRIVACY POLICY – Must be completed in full

IPASS respects your privacy. The information collected on this application form is only used by IPASS in conjunction with your course of study. IPASS may be required by law to share your information with a third party in relation to accreditation and/or learner protection. IPASS will send you correspondence relevant to your field of study via email, post and mobile. Full details of our Privacy Policy can be found at [www.ipass.ie](http://www.ipass.ie).

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.

You must sign and tick the Privacy Confirmation box to confirm your understanding of this.

Applicants Signature:

Date:

Privacy Confirmation

## OTHER COURSES COMPLETED - Optional

Course Completed	Year	Course Completed	Year

## OTHER INFORMATION – Where did you hear about the course?

Google Advert <input type="checkbox"/>	Friend/Colleague <input type="checkbox"/>	Internet Search <input type="checkbox"/>	Facebook Advert <input type="checkbox"/>
Email from IPASS <input type="checkbox"/>	Job Advert <input type="checkbox"/>	Other <input type="checkbox"/>	

## FOR OFFICE USE ONLY

### PAYMENT RECORD:

Amount Paid: €	Date Paid: €
Payment Method:	If paying by Direct Debit - Form Received: <input type="checkbox"/>
Confirmation Letter/Email Sent: <input type="checkbox"/>	Invoice Number: <input type="text"/> ONS23

Return your application form to:

IPASS, 9 Western Parkway Business Centre, Ballymount Drive, D12 K259 or email to [ask@ipass.ie](mailto:ask@ipass.ie)

Tel: (01) 408 9100 Email: [ask@ipass.ie](mailto:ask@ipass.ie)