

Student ID

PROFESSIONAL PAYROLL MANAGER

Firstname:		Surname:	
Address:			
Email Address:			
Phone No:		Mobile:	

EMPLOYER DETAILS (FOR INVOICE)

Company Name:	
Address:	
Phone:	

FEES PAYABLE

*Classroom Course Fee	€1,490.00	<input type="checkbox"/>	Note 1 <i>Students applying for an exemption from a module must submit supporting evidence of educational or professional achievements on which the claim to exemption is based. Students may only apply for an exemption from Module 2 or Module 3.</i>
*Online Course Fee	€1,240.00	<input type="checkbox"/>	
Module Exemption Fee (Note 1)	€125.00	<input type="checkbox"/>	
Total Payable			

* Includes your Associate Membership Fee

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

IPASS respects your privacy. The information collected on this application form is only used by IPASS in conjunction with your course of study or other related services offered by IPASS. IPASS may be required to share your information with a third party in relation to accreditation. IPASS will send you correspondence via email, post and mobile. Full details of our Privacy Policy can be found at 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

PAYMENT DETAILS

Payment Method:

Cheque:

Credit/Debit Card

Invoice Employer

Employers Signature: (required if your employer is paying for your course) _____

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:

Cardholders Address:

Signature of Cardholder:

FOR OFFICE USE ONLY

PAYMENT RECORD:

Amount Paid: €

Date Paid:

Payment Method:

If paying by Direct Debit - Form Received:

Confirmation Letter/Email Sent:

Invoice Number:

ONL23