Irish Payroll Association Certificate in Payroll Techniques

Please use BLOCK LETTERS when completing





PERSONAL DETAILS - Mus	t be completed	in full				
First name:		Surnam	e:			
Address:						
Email Address:						
Date of Birth:		Nationa	lity:			
PPS Number:				Male:	Female:	
Mobile No:		Home N	0:			
ENGLISH PROFICIENCY - M	lust be complet	ed in full				
Is English your first language?	-			Yes:	No:	
If English is not your first language, how	v long have you been li	iving in, or workir	ng in, an English-speakin	ıg environme	nt? Years	
COURSE FEES/LEARNING N	ODE PAYMENT	OPTIONS -	Conditions Appl	y		
I would like to study by (please select)			Distance/Online:		Classroom:	
I would like to attend (please insert ven	ue):					
Distance/Online Learning	€1050.00	Paying i	n full on enrolment:			
Classroom	€1350.00	**Paying	g by Installment:			
Revision Day Stage 1 (optional)	€100.00	Are you	Are you applying for funding? Yes: No:			
Revision Day Stage 2 (optional)	€100.00	Total Fe	e Due:			
**If you are paying by installments an additional enrolment with the balance payable by installment		itial payment of €500) must accompany your			
PAYMENT DETAILS						
Payment Method:	d:		Cheque: Credit/Debit Card:		Invoice Employer:	
INVOICE – enter details of	where to send y	our invoice	if Employer is to	be Invoi	ced	
Company Name:						
Address:						
Email for Invoice:						
Employers Signature: (required if your er	mnlover is naving for vo	nur fees)				

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

IPASS

INVOICE - continued

Credit/Debit Card Details:

Expiry Date: **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.

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 Course Completed Year Year

OTHER INFORMATION – Where did you hear about the course?

Google Advert Friend/Colleague Internet Search Facebook Advert Email from IPASS Job Advert Other

FOR OFFICE USE ONLY

PAYMENT RECORD:

Amount Paid: € Date Paid: €

Payment Method: If paying by Installments - Form Received:

Confirmation Letter/Email Sent: Invoice Number: EMS23

Return your application form to:

IPASS, 9 Western Parkway Business Centre, Ballymount Drive, D12 K259 or email to ask@ipass.ie