



ENROLMENT APPLICATION FORM: INTERMEDIATE LEVEL

PERSONAL AND EMPLOYMENT DETAILS (please type or use block letters)

FULL NAME Mr/Mrs/Miss/Ms

HOME ADDRESS

POSTCODE

DATE OF BIRTH

HOME TEL

WORK TEL

EMPLOYER

DEPARTMENT

WORK ADDRESS

POSTCODE

INVOICE ADDRESS (if different to work address)

POSTCODE

YOUR DESIGNATION

NAME OF MENTOR

DESIGNATION OF MENTOR

I agree to pay the fees as stated and be bound by the course Tuition Terms detailed over.

NAME OF AUTHORISING OFFICER

SIGNATURE OF AUTHORISING OFFICER

DATE

EMAIL ADDRESS

Fee £475 (+ VAT for private companies) – Please enclose a cheque payable to the ICCM, or an Official Order Number with the completed Enrolment Form and forward to the ICCM Head Office

IF1: Application Form