

Please complete in **BLOCK CAPITALS**

1. Personal details
Title:
First name(s):
Last name:
Name to appear on certificate (if different):
Job title:
Date of birth:
Address:
Postcode:
Country:
Email address:
Telephone number:
Mobile number:
Special dietary requirements: <b>Please provide details</b>
Do you suffer from any disability or illness that may affect your training and assessment? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <i>If yes, please provide details:</i>
<p><b>Equal opportunity and disability statement</b></p> <p>We welcome applications from students with additional support needs as a result of a disability, medical condition or specific language difficulty e.g. dyslexia.</p> <p>All applications will be considered under the same criteria as other applications. You are encouraged to contact the ICT team (ict@int-comp.com) to discuss any requirements you may have relating to your study or other needs as soon as possible.</p> <p>This is so that we can take all reasonable steps to ensure your needs are met and that the relevant staff are informed of support requirements at the earliest opportunity.</p> <p>We will take all reasonable steps to ensure that applicants who meet the academic criteria will not be excluded from the course that interests them for reasons relating to their disability. However, there may be rare occasions that we would be unable to meet an individual's needs, but this would be discussed in detail and every avenue investigated before a decision was made.</p>

2. Employer details
Business type:
<input type="checkbox"/> Banking <input type="checkbox"/> Betting & gaming <input type="checkbox"/> Capital markets
<input type="checkbox"/> Energy <input type="checkbox"/> Healthcare/ pharmaceuticals <input type="checkbox"/> Securities/ investment
<input type="checkbox"/> Regulator <input type="checkbox"/> Insurance <input type="checkbox"/> Telecoms
<input type="checkbox"/> Other:
Name:
Address:
Postcode:
Country:
Accounts telephone number:
Accounts email address:
3. How did you hear about this course?
<input type="checkbox"/> Manager <input type="checkbox"/> Colleague <input type="checkbox"/> Search engine
<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn
<input type="checkbox"/> Email <input type="checkbox"/> Brochure <input type="checkbox"/> Already knew about ICT
<input type="checkbox"/> ICT partner/other
Please state if ICT partner/other:
4. Course details
If you are not a member, tick here <input type="checkbox"/> <b>ICA Membership is now required. You need to be a member of the ICA throughout the duration of your course in order to take the assessment and access your member resources and other benefits. If you are not already a member please apply to <a href="https://www.int-comp.org/become-a-member">https://www.int-comp.org/become-a-member</a> .</b> Please state your chosen course:
<i>Please note, you are required to have a basic understanding of English to complete this course.</i>
Please choose one of the study methods below:
<input type="checkbox"/> Workshop <input type="checkbox"/> Online

5. Course fees		
	Course fee	Self funded payment option
Certificate/Specialist Certificate	€695	N/A
Advanced Certificate	€1,700	2 monthly payments of €850
Diploma	€2,950	2 monthly payments of €1,475

#### 6. Who is paying for your course fees?

**Self funding**

We do offer interest free instalment plans if you are enrolling on the Advanced Certificate, Diploma or Professional Postgraduate Diploma course. Instalment options allow you to spread your course fees over two payments. Instalment payments are payable by Credit/Debit card. The first payment is made on enrolment and the second payment is automatically collected two months after the date of the first payment. If you select this option you will be required to pay the first instalment immediately upon booking.

Payment options:\*\*

- Pay in full by credit card
- Pay in full by bank transfer
- Pay in full by cheque
- Pay in 2 monthly payments

\*\* you will be contacted upon receipt of your enrolment form for your payment details.

**Employer sponsored**

As your employer is paying for your course we will need verification from them to process your application. Please provide the contact details below of a representative within your company and request them to verify your application, we will not be able to process your enrolment unless it is verified by your employer.

Upon receipt of your enrolment form, your employer will be sent an invoice for the full course fees. Invoices must be paid within 30 days of receipt.

Employer contact name:

Employer contact email:

Employer signature:

Date:

If your employer requires a cost centre/purchase order number in order to process an invoice, please provide details below:

**Payment options:**

Credit/Debit Card over the phone - call 01 8788 255

Bank transfer

La Touche Training  
AIB, 40-41 Westmoreland Street, Dublin 2  
BIC: AIBKIE2D  
IBAN: IE88 AIBK 9312 2568 2360 20

Cheque made payable and posted to  
La Touche Training,  
Suite 329, The Capel Building  
Mary's Abbey Dublin  
D07 V4HR

#### 7. Terms and Conditions

I confirm that I have read and accept ICT's ([www.int-comp.com/terms-and-conditions](http://www.int-comp.com/terms-and-conditions)) Terms and Conditions.

Student (please print name):

Signature:

Date:

#### 8. Data protection

The information you have provided will be used by the ICA/ICT /La Touche or approved agents for administrative, membership and educational purposes or as required by law.

From time to time ICA/ICT /La Touche may pass your details to third parties to enable them to send you information about products and services approved by ICA/ICT /La Touche.

Yes, please include me.

No, please don't include me

Please return your completed enrolment form to:

La Touche Training  
Suite 329, The Capel Building  
Mary's Abbey, Dublin. D07 V4HR  
Email: [info@latouchetraining.ie](mailto:info@latouchetraining.ie)