

CIPS Study Centre Number: 005286082

Enrolment Form for the CIPS Professional Diploma Programme

This enrolment form must be used to enrol on the above programme, before you book any of our modules for the CIPS programme.
Please complete all sections in black ink and forward to the Programme Coordinator at the address below.
You are advised to keep a copy of the completed form for your records.

Delegate Details		
Full Name (Mr/Mrs/Miss/Ms):		
Date Of Birth:		
Contact Telephone Number:		
Correspondence Address for your Enrolment Confirmation:		
Telephone:		
Email Address:		
CIPS Membership Number:		
Employment Status:		
Job Title:		
Employing Organisation:		
Employer's Address		
Telephone:		
Name of Authorising Manager:		
Telephone:		
Email:		
Who is paying for your Qualifications? (Please circle)	Myself	Employer

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Qualifications

Please list the qualifications you hold:

Please attach a current CV plus photocopies of relevant entry qualifications.

What is your entry level to the CIPS Programme? (Please circle)

Diploma

Advanced Diploma

Professional Diploma

Do you have any accredited exemptions, if so please provide details below:

Our Data Protection Policy and Use of Your Information:

At **Cordie Ltd.**, we are particularly careful about how we store and use any personal information provided to us. We will keep your records safe and secure and we will never pass on, or sell, your information to other parties. We will not contact you about products or services from third parties, even if we think they might be of interest to you. We may from time to time contact you about developments in our company, our own products and services or other related information about Cordie Ltd. Study Centres. We do this to promote the work of Cordie and to share information that we believe is of genuine interest to our clients. If you do not want us to do this, then please e-mail or write to us to let us know.

Signed: _____ Date: _____

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Equal Opportunities Form

Cordie Ltd is an equal opportunities professional training provider. Everyone who is eligible to enrol with Cordie will receive equal treatment when applying for CIPS qualification courses whatever their background.

As part of our diversity monitoring policy, please could you complete and return this form with your Cordie Enrolment Form. The information will not in any way affect your enrolment application and will be kept confidential.

Applicant Information

Full Name: _____
Surname *First Name* *Initial*

Home Address: _____
Street Address

_____ *Town/City* *County* *Postcode*

Diversity Monitoring Form

Race or Ethnic Origin

- | | | |
|---|--|--|
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Asian Other | <input type="checkbox"/> White Irish | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> Gypsy/Romany | <input type="checkbox"/> White British | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Black Caribbean/White | <input type="checkbox"/> Black African/White |
| <input type="checkbox"/> Asian/White | <input type="checkbox"/> Chinese/White | <input type="checkbox"/> Mixed Race Other |
| <input type="checkbox"/> Any Other Ethnic Origin (Please specify if you wish) | | |
| <input type="checkbox"/> I do not wish to specify an ethnic origin | | |

Gender

- Female Male

Do you have a disability that we need to be aware of?

- Yes No

If you have answered yes, please provide us with the relevant details below: