



DipCAH/HPD Course Application Form

Name:

Address:

Phone:

Email:

Date of birth:

Course Venue: Oxford / London / East Midlands (please delete as appropriate)

Course Start date: _____

Running : Weekends / Weekdays (please delete as appropriate)

Qualifications:

Payment - total tuition fee inclusive of VAT and Certification is £1800.00:

I would like to pay by *cheque / credit card / standing order and

- Cheque - enclose a deposit of **£180.00** . I understand this deposit is refundable only if I am not accepted onto the course. Cheques payable to **AHP Training Ltd** . I agree to pay the balance on enrollment or will make arrangements for a payment plan.
- Card – please complete details below;

Card Number _____

Start date _____ Expiry date _____

Issue no (if applicable) _____

Security code _____

I authorize a deposit of **£ 180.00** followed by ___ payments of _____ on a monthly basis starting from 1st of _____ 20____

- Standing Order– please complete and return the form attached below

I declare that the above information is correct and that, if accepted on to the course, I will pay the full balance as agreed. I understand that I will be asked to attend an interview to discuss my goals and aspirations relating to this course, that acceptance of my application is at the discretion of the UK Academy and that no reason need necessarily be given should my application be declined.

Signed

Date

*delete as appropriate



Standing Order Mandate

To (name and address of your bank): _____

_____ Post Code: _____

Account Number _____ Sort Code _____

Account Name _____

Reference for transaction: ** _____ **DipCah**
** **your surname**

Upon receipt of these instructions, please debit my account and pay the amount of

£180 Immediately

Followed by

£ 135 Per Month

Commencing on the **first** day of _____ **20**____ & continuing for 12 months in total, with the

last payment being made on _____ **20**____

Please credit Account Number **0634 6170** Sort Code **72-00-00**

AHP Training Ltd, Alliance & Leicester Commercial Bank, Bootle, Merseyside, GIR 0AA

Name : _____ Date _____

Signature _____

Please return to UK Academy, New Stone House, Church Street, Charwelton, NN11 3YT