

Student Registration Form

To register for a course, please complete this form and email it to enrol@thecareeracademy.com

By completing this form, you give The Career Academy permission to process an enrolment on your behalf at the course price as stated on our country specific website or as confirmed with your student advisor. On submission of this form, your application will be processed, and you will receive confirmation of your enrolment including your course login details within two working days.

Student Details

First Name

Middle Name

Last Name

Email

Phone Number

Date of Birth

/ /

Residential Address

Course Name

Payment Details (Please tick the method of payment and complete where required)

Add to existing Payment Plan* (subject to credit check)

Set up new Payment Plan

Account Holder Name

IBAN

I confirm that I have authority over this bank account, and that it can be operated severally.

State your preferred Direct Debit day (Monday to Friday only)

Pay in full via Credit Card

Name on Card

Card Number

CV2 number (Back 3 digits)

Expiry Date

/

If you would prefer to pay by direct bank transfer, select this box and we will send you an invoice.

Additional Registration Details (Please tick)

- I have read and agree to The Career Academy's terms and conditions and student declaration.
- I have no medical conditions, learning difficulties or other conditions which may impact on my ability to complete my course.

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