

Application to study with CIM Academy

1. Which qualification do you wish to take?

Professional Diploma in Marketing for Business Services & Solutions

- Virtual Learning
 Blended Online

Unit 5: The Unique Considerations of Marketing Business Services & Solutions

- Virtual Learning
 Blended Online
 Face-to-face

2. Programme details

Course start date:	
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3. Your personal details *(Please provide your details to help ensure our records are current.)*

- Dr Mr Mrs Ms Miss Other (please specify):

First names:	
Surname:	

4. Your company details

Job title:			
Organisation name:			
Address:			
Postcode/ZIP:			
Country:			
Tel (Direct line):		Tel (switchboard):	
Tel (Mobile):		Facsimile:	
Email:			

(NB. Please advise us if you require a different invoice address)

5. Physical status

- Able-bodied (no disability)
- Have a visual impairment
- Have a hearing impairment
- Have special access needs
- Other, please specify

6. English language

If English is not your first language, please confirm that you are fluent in both written and spoken English by ticking the box

7. How did you find out about CIM Academy?

- | | |
|---|---|
| <input type="checkbox"/> Advertising/PR | <input type="checkbox"/> Internet – CIM website |
| <input type="checkbox"/> Colleague/referral | <input type="checkbox"/> Internet – CIM Academy website |
| <input type="checkbox"/> Direct marketing | <input type="checkbox"/> Internet – ITSMA Website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Internet – Search engine |
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Through CIM |
| <input type="checkbox"/> Other | <input type="checkbox"/> Through ITSMA |

8. Are you a CIM Member? Yes No

If yes, please quote membership number:

9. Your payment details

- Please invoice my organisation. If you require a purchase order number to be printed on the invoice, please supply purchase order number:
- I wish to pay by cheque (Please make cheques payable to CIM Holdings Ltd)
- I wish to pay by credit card (Please indicate type of card)
- Visa Mastercard American Express

card number:

Valid from: Expiry date:

Security code:

Mastercard/Visa – last 3 digits on signature strip

American Express – 4 digits on front of card

Name on card:

10. Signature and declaration

Delegate declaration

I have read, understood and agree to abide by CIM Academy's Terms of Business

Signature:		Date:	
Print name:			

Senior Management authorisation

I am authorised, by the sponsoring organization, to agree and approve the declaration above

I have read, understood and agree to abide by CIM Academy's Terms of Business

Signature:		Date:	
Print name:		Position:	

We would like to contact you regarding other training products, qualifications, research and events that may be relevant to you.

Yes, I wish to receive information about training and qualifications from The Chartered Institute of Marketing & ITSMA by
 Post Email Telephone (tick all that apply)

From time to time, we are approached by other companies who would like to inform you of relevant business and marketing information. These companies are strictly controlled and we never disclose member information to them.

Yes, I wish to receive information from third parties by Post Email Telephone (tick all that apply)

Return your completed application form and a current CV to CIM Academy

Fax to: +44(0)1628 427267 **or post to:** CIM Academy, The Chartered Institute of Marketing

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