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|  | SCQF Level 9Practical Investment Planning |

# Enrolment Form

## Learner Information

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| Full Name: |  |  |  |
|  |  |  |  |  |
| Address: |  |  |
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|  |  |  |  |
|  |  |  |  |
| Postcode: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  |  E-mail: |  |

|  |  |
| --- | --- |
| Job title\*: |  |
|  |  |

## Employer Information\*

|  |  |
| --- | --- |
| Employer\*: |  |

|  |  |  |
| --- | --- | --- |
| Employer Address\*: |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |
| Employer Postcode\*: |  | Employer Phone\*: |  |
|  |  |  |  |

## Data Protection, Communication, and Marketing Preferences

[ ]  I have read and agree to have my personal data stored and processed according to the Practical Financial Exams Limited Privacy Policy and Data Retention Policy

[ ]  I have read and agree to the Practical Financial Exams Limited Policies, Processes, and Procedures document, including our Access Arrangements and Reasonable Adjustments Policy

[ ]  I consent to Practical Financial Exams Limited sending me marketing communications about products and services that may interest me\*

[ ]  I consent to Practical Financial Exams disclosing my exam result to my employer, including mark and grade\*

[ ]  I consent to Practical Financial Exams posting my successful exam result(s) on social media\*

## Disclaimer and Signature

I confirm that the information on this form is true and complete to the best of my knowledge. I understand that false or misleading information on this form may result in withdrawal from the assessment, and that no refund will be given.

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| Learner Signature: |  | Date: |  |