

Application Form

Name:	Date of Birth:
Address:	
Telephone Number:	Mobile Telephone Number:
Email Address:	
Course title you are applying for:	
Qualifications that you already have and that are relevant to the course you are applying for:	
Please be aware of any entry requirements as described on the website or in the Course Brochure.	
Please state your preference for Full Time or Part Time study and any days of the week that you are available:	
Preferred start date:	
How did you hear about IBHA: For example online search, recommendation, advert, email, other	

Paying For Your Course

Date:		
Description	Fees	Office Use Only
Course Fee		
Student Kit Fee		
Examination and Registration Fee – if this fee isn't included in your course fee IBHA will advise you of the amount payable.		
Total Fee Payable		
Deposit – A deposit of 25% is required to confirm your place and is non-refundable, non-transferable.		
Balance Due – The balance is due one month before commencement of course unless otherwise agreed with IBHA.		
Balance Paid		
Method of Payment		

Payment Methods

Bank Payment: Please pay Cedars Health and Beauty Centre Ltd.

Reference: Your name Sort code: 40 22 09 Account number: 31873075

Cheque: Please make cheques payable to Cedars Health and Beauty Centre Ltd

Credit Card: Please call 01452 307767 to make payment

Monthly Instalments: Please ask for details, this will depend on the course you are attending. For example a deposit of 25% is required and monthly instalments of equal amounts depending on the length of your selected course. A small admin charge applies.