

# Course Administration Form

## Resit, Deferral, Cancellation

All fields must be completed

### Please complete in BLOCK CAPITALS

#### 1. Personal Details

CLTI Candidate No.:

\_\_\_\_\_

Title (e.g. Mr/Mrs/Miss/Ms):

\_\_\_\_\_

First Name(s):

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Town:

City:

\_\_\_\_\_

Country:

\_\_\_\_\_

Postcode:

Telephone Number (Preferred):

\_\_\_\_\_

Telephone Number (Alternative):

\_\_\_\_\_

Email:

\_\_\_\_\_

*Confirmation of your booking will be sent via email. Please ensure your spam filter is disabled.*

#### 2. Professional Details

*You can leave this section blank if your employer is not supporting you on this course\**

Employer:\*

\_\_\_\_\_

Employer Address:\*

\_\_\_\_\_

Town:\*

City:\*

\_\_\_\_\_

Country:\*

\_\_\_\_\_

Postcode:\*

Employer Contact Name:\*

\_\_\_\_\_

Employer signature:\*

\_\_\_\_\_

#### 3. Course Administration

I am applying for a:

Resit

Deferral

Cancellation

If applying for a Resit or Deferral, please complete the following section:

Please indicate which course(s) your request is for below:

\_\_\_\_\_

Please state the administration fee below:

\_\_\_\_\_

*Administration fees can be found in the enrolment terms and conditions on [www.cltint.com](http://www.cltint.com) or on the online learning platform.*

*Course dates can be found on [www.cltint.com](http://www.cltint.com)*

Please indicate your new examination/assignment submission date.

DD/MM/YYYY:

\_\_\_\_\_

Please indicate your chosen location (if applicable) for the exam:

\_\_\_\_\_

If you want to re-attend workshops/face-to-face tuition, or defer the workshops/face-to-face tuition for your existing booking, please indicate your chosen date(s) and location(s) for the new sessions.

DD/MM/YYYY:

Location:

\_\_\_\_\_

*Please consult the online learning platform for information regarding up to date course materials.*

## 4. Payment Method

Please indicate whether you are self-funding or your employer is paying the administration fee.

Self-funding          Employer is paying

Please tick the appropriate box:

Please invoice me at my home address

Please invoice my employer

Please refund me

Please refund my employer

Please ensure all fields below are completed

Invoice contact name:

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Invoice email address:

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Invoice telephone number:

---

Purchase Order No. (if applicable):

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Employer VAT number (may be charged VAT if not provided):

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Employer signature if paying the administration fee:

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I wish to pay by credit/debit card

Please note to comply with the PCIDSS policy all card details must be supplied to CLT International or Wilmington Plc via telephone. In order for the Client Services team or Wilmington Accounting Department to contact you regarding payment, please provide the relevant contact information for the cardholder/supplier below:

Full Name:

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Contact Number:

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I enclose a cheque/bankers draft made payable to Wilmington Shared Services

I have made an electronic bank transfer to:

Account Name: Wilmington Shared Services Ltd

Receipts Bank: Barclays Bank PLC

Sort Code: 202070

Account No: 63867870

Bank Swift: BARCGB22

Please supply a remittance advice with payments quoting the account number and invoice number. All cheque payments to be made payable to Wilmington Shared Services Ltd and sent to Accounts receivable, Beechwood House, 2-3 Commercial Way, Christy Close, Southfields, Basildon, SS15 6EF.

**All payments must be made in pounds sterling.**

## 5. Terms and Conditions

By signing this document, you confirm that you have read, understood, and agree to CLT International's terms and conditions of enrolment. These terms and conditions can be found at [www.cltint.com](http://www.cltint.com).

Signature of Applicant:

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Date:

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## 7. Contact Permission

I am cancelling from this particular paper

I am cancelling from the STEP qualification as a whole

Please briefly describe your reason for cancelling (not compulsory):

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As a part of your learning journey, CLT International would like to keep you informed with regards to any relevant training programmes available, including professional qualifications and eLearning packages. Please tick the boxes below to tell us if, and how, you would prefer us to communicate with you:

Yes, I would like to receive communications from CLT International

Email          Telephone          Hardcopy

Yes, I would like to receive communications from STEP

Email          Telephone          Hardcopy

I do not wish to receive communications from CLT International

I do not wish to receive communications from STEP

## 6. Data Protection

CLT International and STEP are committed to protecting the privacy and security of your personal information. By signing this document, you confirm that you have read, understood and agree to CLT International's Privacy Policy which describes how CLT International and STEP collect and use personal information about you in accordance with data protection law.

Please visit [www.cltint.com/our-privacy-policy](http://www.cltint.com/our-privacy-policy) and [www.step.org/privacy-notice](http://www.step.org/privacy-notice) to find out more.

As part of the customer journey, CLT International may wish to contact your employer (if applicable) with regards to relevant training programmes, professional qualifications and eLearning packages. Your employer (if applicable) should tick the relevant box below to tell us if, and how, they would prefer us to issue our communications:

Yes, I would like to receive communications from CLT International

Email          Telephone          Hardcopy

I do not wish to receive communications from CLT International

Employer signature:

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**Please note:** if you opt out of receiving communications from STEP and/or CLT International, STEP may still have to contact you regarding your STEP Membership but will not contact you regarding other relevant training programmes.