

STEP EXAM ROUTE TO ENTRY

In order to enrol on a STEP course you must have obtained the correct number of credits or currently be a STEP Member. See full details on the credits required at the course web pages via www.step.org/qualifications

Enrolment Form: Please complete in BLOCK CAPITALS

Please tick only one:

☐ I am a STEP member/I have been approved as having the correct number of Entry Level credits by STEP

☐ I have been approved Entry Level credits by CLTi
☐ I am applying for a Certificate level course and therefore am not required to have obtained any credits with STEP

1. STEP Membership (Disregard this section if you are already a STEP member)

It is **mandatory** to become a member of STEP and maintain your membership subscription whilst you are studying a qualification with CLT International.

STEP will send you an email confirming your new member status within seven working days of receiving your enrolment details from CLT International. You will be asked to log into the STEP website to pay your membership fees following receipt of your welcome email. The course fee does not include your STEP membership fee. To learn more about the benefits of becoming a STEP member please visit www.step.org/benefits

Please visit www.step.org/qualifications/about-step-and-clt-international to better understand how CLTi and STEP will support you through your study journey.

All members of STEP must be affiliated with their local Branch or Chapter. Details of Branches and Chapters can be found at www.step.org/branches-chapters

Please specify to which Branch or Chapter you wish to be affiliated (compulsory):

By signing this document you are confirming that you will abide by STEP's Membership Rules which can be found at www.step.org/join-us/your-commitment

Signature:

Date

D

D

M

M

Y

Y

Y

Y

2. Personal Details *includes mandatory fields

CLTi Candidate Number
(if applicable):

STEP Membership Number
(if applicable):

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

First Name(s):*

Last Name:*

Date of Birth:
(optional)

D

D

M

M

Y

Y

Y

Y

Gender:

Male

Female

Address:*

City/Town:*

Country:*

Postcode:*

Telephone Number (Preferred):*

Telephone Number (Alternative):

Email:*

Confirmation of your enrolment, course updates and access to the online learning platform are sent via email. Please ensure your spam filter is disabled.

Dietary Requirements:

Special Requirements: If you have a reasonable adjustment (e.g. disability) which will affect your studies or assessment, you will need to make a separate application to CLT International. For details of how to make an application, please visit www.clhint.com/special-requirements. Applications must be made at least eight weeks prior to the assessment (or workshop, if applicable).

3. Professional Details

Your Professional Details

Job Title:*

Please select the description (below) that best suits your current professional role:

- | | | |
|---|---|--|
| ☐ Academic | ☐ Fund Administrator/Manager | ☐ Probate Executive |
| ☐ Accountant | ☐ HR | ☐ Secretarial/Administration |
| ☐ Banker | ☐ Insurance Advisor | ☐ Tax Advisor |
| ☐ Barrister | ☐ Judge | ☐ Trust Manager (Senior) |
| ☐ Client Relations/Marketing/Sales | ☐ Lawyer: (Partner level) | ☐ Trust Officer/Trust Administrator |
| ☐ Compliance Officer/Manager | ☐ Lawyer: Solicitor/Attorney | ☐ Trustee/Fiduciary |
| ☐ Corporate Administrator | ☐ Legal Assistant/Paralegal | ☐ Wealth Management |
| ☐ Estate Planner | ☐ Legal Executive | ☐ Will Writer |
| ☐ Financial Planner | ☐ Notary | ☐ None of the above |

Your Employer Details

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

Employer:*

Employer Contact Email:

Employer Address:*

Employer Contact Telephone No:

City/Town:

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

Country:

Yes, I would like to receive communications from CLT International

Postcode:

☐ Email ☐ Telephone ☐ Hardcopy

Employer Contact Name:

☐ I do not wish to receive communications from CLT International

Employer Contact Job Title:

Employer Signature:

Employer Contact Department:

4. Contact Permission

As part of your learning journey, CLT International and STEP 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

Please note: If you opt out of communications from STEP and/or CLT International, we will still have to contact you regarding this course and your STEP membership, but will not contact you regarding other relevant training programmes.

5. Course Selection

Please indicate which course(s) you are applying for below - all STEP courses can be found at www.step.org/qualifications (If you are applying for the Advanced Certificate in Advising Vulnerable Clients, please state if you wish to enrol on part 1 only, part 2 only or for both parts)

Please state the course fee(s) below: Course fee can be found at www.clint.com. (If you are registering for more than one course, please state each fee separately and then total to be paid)

(Please note that VAT is payable at 20% in addition to the course fee if the payer is a private individual or if the payer is a business based within the UK. Please also note that the course fee does not include the annual STEP membership fee).

☐ If you are applying for the Professional Postgraduate Diploma, please tick this box to confirm you have submitted a copy of your CV, job description and organisational chart in support of your application.

☐ If you are applying for the Professional Postgraduate Diploma, please tick this box to confirm that you meet the entry criteria for this course laid out at www.step.org/ppgd and state below whether you match entry criteria option 1,2,3 or 4.

Entry criteria option number

Please indicate your chosen examination/assignment submission date (DD/MM/YYYY) (for available dates see www.clint.com)

Date

Please indicate your chosen location (if applicable) for workshops/face-to-face tuition:

Please indicate your chosen location (if applicable) for exams:

If applicable, course materials are to be delivered to: ☐ Home Address ☐ Employer Address

(Please note that where course materials are sent hardcopy via courier they will need to be signed for).

6. How did you hear about the course

Please tick as many as apply

☐ Industry magazine (not STEP Journal)

☐ STEP Email

☐ Flyer at an event

☐ Industry website (not STEP)

☐ CLTI Website

☐ Direct Mail

☐ Industry e-newsletter (not STEP)

☐ CLTI Email

☐ Word of mouth from a colleague

☐ STEP Journal

☐ Social Media

☐ Other (please specify)

☐ STEP Website

☐ Google

7. Payment Method

Please indicate whether you are self-funding or your employer is paying the fee (**note that your distance learning material and online access will not be provided until payment is received if you are self-funding**):

- ☐ Self-funding
- ☐ Employer is paying

Employer signature if paying the course fee:

Please tick the appropriate box

- ☐ Please invoice me at my home address
- ☐ Please invoice my employer

Please ensure all fields below are completed

Invoice contact name:
Invoice telephone number:
Purchase Order number (if applicable):
Employer VAT number (VAT may be charged if not provided):

☐ 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 via telephone. In order for the Client Services team to contact you regarding payment, please provide the relevant contact information for the cardholder/supplier below:

Full name:

Contact number:

☐ 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

Account No: 63867870

Sort Code: 202070

Bank Swift: BARCGB22

Please supply a remittance advice with payments quoting the 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 payment must be made in pounds sterling.

8. Terms and Conditions

By signing this document, you confirm that you have read, understood, and agree to the CLT International's terms and conditions of enrolment. These terms and conditions can be found at on the relevant course page at www.cltint.com

Signature of Applicant:

Date

9. 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 and www.step.org/privacy-notice to find out more.

To return this form by post:

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Sutton Coldfield, Birmingham B72 1SX, England
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