

Independent student registration form

Please complete the form (in **BLOCK** letters) and return to the iam with your remittance.

Forename:	Surname:
Address (must be cardholders address):	
Country:	Postcode/ZIP:
email:	Telephone:
Membership Number (if already held):	

I am enclosing a remittance for: (please tick the appropriate box)

<input type="checkbox"/>	Level 2 Introductory Award in Administrative Management	£75.00
<input type="checkbox"/>	Level 3 Certificate in Administrative Management	£150.00
<input type="checkbox"/>	Level 4 Diploma in Administrative Management	£125.00
<input type="checkbox"/>	Level 5 Advanced Diploma in Administrative Management	£150.00

Cheque/Bankers Draft

Payable to 'The Institute of Administrative Management'

Debit card:

Delta Solo
 VISA Switch

Switch only:

Issue No: /
 Start Date: /

Credit card:

VISA Mastercard

Card No: / / /
 Expiry Date: /
 Security No: (Last 3 numbers on reverse of card)

Signature:

Date: / /

**Return to: Customer Services, iam, 6 Graphite Square, Vauxhall Walk,
 London, UK, SE11 5EE Fax: +44(0)2070912619 email: info@instam.org**

Your order represents an offer to us to purchase a product and/or service which is accepted by us when we have dispatched the product and/or service to you. You have the right to cancel your order within seven working days of delivery (starting the day after you receive the goods or the day after the contract for the supply of services is concluded) and return them for a full refund. For full terms and conditions please see www.instam.org

For UK independent students only

Please complete the following questions for monitoring purposes only:

(this information will be detached from your registration form)

Q1: Date of Birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Q2: Gender:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Q3: Ethnicity:

<input type="checkbox"/>	Asian or Asian British - Bangladeshi
<input type="checkbox"/>	Asian or Asian British - Indian
<input type="checkbox"/>	Asian or Asian British - Pakistani
<input type="checkbox"/>	Asian or Asian British – any other Asian background
<input type="checkbox"/>	Black or Black British - African
<input type="checkbox"/>	Black or Black British - Caribbean
<input type="checkbox"/>	Black or Black British – any other Black background
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed – White and Asian
<input type="checkbox"/>	Mixed – White and Black African
<input type="checkbox"/>	Mixed – White and Black Caribbean
<input type="checkbox"/>	Mixed – any other Mixed background
<input type="checkbox"/>	White - British
<input type="checkbox"/>	White - Irish
<input type="checkbox"/>	White – any other White background
<input type="checkbox"/>	Any other
<input type="checkbox"/>	Not known/Not provided

Q4: Learning Difficulties/Disabilities:

<input type="checkbox"/>	I consider myself to have a learning difficulty and/or disability and/or health problem
<input type="checkbox"/>	I do not consider myself to have a learning difficulty and/or disability and/or health problem
<input type="checkbox"/>	No information provided

If you consider you have a learning difficulty and/or disability and/or health problem, please answer Question 5 and/or Question 6:

Q5: Please indicate your disability by ticking the relevant box/boxes below

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Visual impairment |
| <input type="checkbox"/> | Hearing impairment |
| <input type="checkbox"/> | Disability affecting mobility |
| <input type="checkbox"/> | Other physical disability |
| <input type="checkbox"/> | Other medical condition (for example epilepsy, asthma, diabetes) |
| <input type="checkbox"/> | Emotional/behavioural difficulties |
| <input type="checkbox"/> | Mental ill health |
| <input type="checkbox"/> | Temporary disability after illness (for example post-viral) or accident |
| <input type="checkbox"/> | Profound complex disabilities |
| <input type="checkbox"/> | Multiple disabilities |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Not known/information not provided |

Q6: Please indicate your learning difficulty by ticking the relevant box below

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Moderate learning difficulty |
| <input type="checkbox"/> | Severe learning difficulty |
| <input type="checkbox"/> | Dyslexia |
| <input type="checkbox"/> | Dyscalculia |
| <input type="checkbox"/> | Other specific learning difficulty |
| <input type="checkbox"/> | Multiple learning difficulties |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Not known/information not provided |