



Level 2 Certificate in Business Enterprise (QCF)

Qualification Accreditation Number 500/1779/2

IAB STUDENT NUMBER (if already registered)

ULR (Unique Learner Reference) if known.....

NAME OF TRAINING PROVIDER

TITLE (please circle) Mr Mrs Miss Ms Other

FIRST NAMES.....

SURNAME.....

ADDRESS.....

.....

POSTCODE..... COUNTRY.....

DATE OF BIRTH..... DAYTIME TEL. NO

MOBILE TEL NO.....

E-MAIL ADDRESS (please print clearly).....

Units applied for (please tick):

Core Units

- Unit 1 - Build Business Relationships
- Unit 2 - Create a Vision for your Business
- Unit 3 - Negotiate for your Business
- Unit 4 - Develop your Business Idea
- Unit 5 - Estimate Financial Needs for your Business
- Unit 6 - Make a Cash Flow Forecast
- Unit 7 - Sell your Product or Services
- Unit 8 - Prepare a Plan for your Business
- Unit 9 - Produce a Plan for your Business

Option Units

- Unit 10 - Assess Health and Safety Risks in your Business
- Unit 11 - Assess your Ability to Run a Business
- Unit 12 - Choose Premises for your Business
- Unit 13 - Comply with Business Legal Requirements

IMPORTANT-PLEASE READ CAREFULLY

I declare that the information given on this form is correct. I understand that, by completing this form, I am agreeing to comply with the Bye-Laws and Regulations of the IAB.

Signature.....

Date.....

Student Name..... Student Number.....

PAYMENT DETAILS

I enclose the Fee of £..... (See Fees List www.iab.org.uk or on application to the IAB)

METHOD OF PAYMENT

Cheque (made payable to IAB) Credit/Debit Card

Credit/Debit Card Details (tick type of card). Please note we do not accept any other cards

Visa Visa Electron Maestro Solo Mastercard

Card Number

Start Date..... Expiry Date..... Issue No (if applicable)..... 3 Digit Security No
(shown on signature strip)

Name of Cardholder

Signature of Cardholder

EQUAL OPPORTUNITIES

The IAB and its Approved Centres are committed to providing equal opportunities to all candidates. To check that we are achieving this aim we monitor the personal circumstances of candidates and to assist us we ask you to provide the following about yourself.

(Please Circle)

- | | | | | | |
|---|--------------|--------|-------|-------|-----|
| 1. Gender | Male | Female | | | |
| 2. Age | 29 and under | 30-40 | 40-50 | 50-60 | 60+ |
| 3. Are you currently employed | Yes | No | | | |
| 4. Full time or part time | F/T | P/T | | | |
| 5. Are you self-employed | Yes | No | | | |
| 6. Have you any disabilities or special needs | Yes | No | | | |

If you answered Yes to 6 please indicate what they are and if you require any special arrangements for your assignments/examinations:

.....
.....
.....

Please circle the description that best fits your ethnic origin:

- | | | |
|-----------------|----------------------|---------------|
| Asian-British | Asian-other | Black-African |
| Bangladeshi | White-British | Chinese |
| Black-Caribbean | White-other European | Black-other |
| Indian | White-other | Any-other |
| Pakistani | Black-British | |

Thank you for your co-operation in completing these questions.

DATA PROTECTION ACT 1998: All personal information on this form is held in accordance with the provisions of the Act and may be passed to third parties for the promotion of goods and services. All rights, duties and responsibilities under the Act are acknowledged.

If you do not wish to receive other information from the IAB or a third party, please tick here.

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