

Diploma In Strategic Financial Management
Student Enrolment Form



For office use only

Date received: Ackn date: Membership Number:

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PLEASE COMPLETE THIS FORM IN BLACK INK

1 Section 1 - Personal Details

Title: Mr Mrs Ms Miss Dr

Surname:		Home address:	
First name:			
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Town/City:	
Email:		County/State:	
Mobile:		Postcode:	
Telephone:		Country:	

2 Section 2 - Business Details

Job title:	
Employer name:	
Address:	
Town:	County/State:
Postcode:	Country:
Telephone:	Email:

Industry sector - Please tick one box only

Accountancy & Business Services:	Food & Drink:	Pharmaceuticals:
Advertising Media & PR:	Gas/Electricity/Utilities:	Property & Social Housing:
Broadcasting:	Healthcare:	Publishing:
Central Government:	Hospitality/Sports/Leisure:	Other Public Sector:
Construction:	Human Resources/Recruitment:	Retail & Wholesale:
Consultancy:	Information Technology:	Risk Management Services Firm:
Education/Training:	Insurance:	Telecommunications:
Engineering:	Legal Services:	Tourism:
Environmental & Waste Services:	Local Government:	Transport/Logistics/Shipping:
Farming, Forestry & Rural:	Manufacturing:	Voluntary/Charity/Not-forProfit:
Financial Services:	Natural Resources/Gas/Oil/Mining:	

