

KENSINGTON COLLEGE OF BUSINESS

12 Cavendish Place, London, W1G 9DJ Website: www.kcb.ac.uk

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

Tel: 0207 404 6330

Email: kcbinfo@kcb.ac.uk

College ID Number (official use only):

THE CHARTERED GOVERNANCE INSTITUTE (ICSA) **PART-TIME APPLICATION FORM**

| Surname | | | | | Title (e.g. Mr/Ms/Mrs) | | s) | | |
|------------------------|-------------|------------------|---|------------|---------------------------|-----------------|------------|----------------------|----------|
| Forename | | | | | Middle Name(s) | | | | |
| Date of | Birth | | | | Nationality | | | | |
| Address | 3 | | | | | | • | | |
| Town/City | | | | | Postcode | | | | |
| Country | | | | | E-mail Address | | | | |
| Mobile No. | | | | | Tel No. (Work) | | | | |
| Disability, specify if | | any ICSA S | | CSA Stude | ident Registration number | | er | | |
| | | • | | | | | | | |
| SPONS | OR DETAIL | S (IF APPLICAB | BLE) - If your comp | any is spo | nsoring | g you, please a | ttach thei | ir letter of confirm | ation. |
| Name o | of Sponsor | | | | ompany (if applicable) | | | | |
| Address | 6 | | | • | Postcode | | | | |
| E-mail Address | | | | Tel N | lo. | | | | |
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| Please | tell us how | you heard of the | e College | | | | | | |
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| | | | to complete these er above. Students | | | | | | quoted |
| Date of | | 1 | | | | | | | |
| From | То | Name of Colle | ge / University Atte | ended | | Course Title |) | Grades / Ov | /erall % |
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| WORK | EXPERIEN | CE | | | | | | | |
| From | То | Name & A | ddress of Employe | er | | Job Title | | Brief Desc | ription |
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Please tick the appropriate boxes

| ICSA Certificate in Company Secretarial Practice & Share Registration Practice (CCSP) | | | | | | | | | | | | |
|---|------------------|-----------------|-----------------------|-----------------------|--|--|--|--|--|--|--|--|
| Company Costeta | Face-to-face Cou | | | Start Date | | | | | | | | |
| Full fees for all four CCSP modules plus revision | ☐ £1200 | ☐ £120 | 0 | ☐ Oct ☐ Feb | | | | | | | | |
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| ICSA Chartered Governance Qualifying Programme (CGQP) | | | | | | | | | | | | |
| | Evening Course | Revision Course | Feb – May Semester | Sep – Nov Semester | | | | | | | | |
| Company Compliance & Admin. | ☐ £375 | ☐ £275 | | | | | | | | | | |
| Corporate Governance | ☐ £375 | ☐ £275 | | | | | | | | | | |
| Company Law | ☐ £375 | ☐ £275 | | | | | | | | | | |
| Interpreting Financial & Accounting Info. | ☐ £375 | ☐ £325 | | | | | | | | | | |
| Boardroom Dynamics | ☐ £375 | ☐ £275 | | П | | | | | | | | |
| Development of Strategy | ☐ £375 | ☐ £275 | | | | | | | | | | |
| Risk Management | ☐ £375 | £275 | | | | | | | | | | |
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| HOW WILL YOU PAY YOUR COURSE FEE: | | | | | | | | | | | | |
| Cash (in person) Credit/Debit card (in person) Cheque Online Bank Transfer Sponsor | | | | | | | | | | | | |
| This application form is correct at the time of printing but is subject to alteration. KCB reserves the right to cancel the course if there are insufficient enrolments. If you decide to withdraw from the course, before or after the classes have commenced, the course fee will NOT be refunded and you will be liable to pay any outstanding balance. Sponsored students must provide a letter from their sponsor confirming sponsorship. This letter should also include the name, email and postal address of the person the invoice should be sent to. Chartered Governance Qualifying Programme students are individually responsible for their student registration and examination entry with ICSA. KCB reserves the right to access Chartered Governance Qualifying Programme student examination results. This information will be used for internal college purposes only. KCB reserves the right to provide information of CCSP students' name and contact details to ICSA. The evening classes for the Chartered Governance Qualifying Programme do not include revision. The weekend revision classes are charged separately. It will be beneficial for you to attend weekend revision classes in preparation for the examinations. I confirm that the information given in this form is correct. I accept that this agreement is subject to the College's Terms & Conditions above that I have read and understood. | | | | | | | | | | | | |
| Signature: | Date: | | | | | | | | | | | |
| For Office Use Only | | | | | | | | | | | | |
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