

Institute of Place Management

Qualifications Application Form



The completed form should be returned to:
Institute of Place Management, Suite 117, 111 Piccadilly, Manchester M1 2HX

*indicates a required field

Proposed Programme of Study (Please Tick) *					
MSc Place Management	<input type="checkbox"/>	Introductory Diploma In Place Management	<input type="checkbox"/>	International Certificate in Place Management	<input type="checkbox"/>
How are you able to study (Please tick all that apply):					
By attending one-day workshops					<input type="checkbox"/>
By attending residential workshops (with overnight stays)					<input type="checkbox"/>
By studying distance learning, through the Internet					<input type="checkbox"/>

1. Personal Details										
Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Country of Residence: *			
	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Forenames: *				Family Name: *						
Date of birth				Gender	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>		
Nationality:				Country of Birth:						

2. Contact Details	
Correspondence address: *	
Postcode: *	
Country:	
E-mail: *	
Tel No: *	
Mobile No:	
Fax No:	

5. Source of Funding of Proposed Application

How will your fees be paid? *

Self Employer Other (Please specify)

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6. How did you hear about the IPM Qualification?

7. Declaration *

I certify that the information I have given is complete and accurate. I give my consent for my personal data to be processed within the terms of the Data Protection Act.

Date _____