



Chartered Banker

Chartered Banker MBA

Short Course Registration Form

To register onto a short course, this form, together with a deposit, or confirmation of corporate sponsorship will be required. Places cannot be held without all of this information.

This PDF form can be filled out and then attached to an email and sent to cbmba-admissions@bangor.ac.uk

If you require any assistance, please contact a member of the Admission Team using the instant chat facility on the website or using the email quoted above.

Your Details...

As appears on passport

First Name *

Last Name *

Title *

Date of Birth *



Day Month Year

Home Address (include postcode)

Address line 1

Address line 2

City/Town

State/Providence

Zip/Postal Code

Country

Work Address (include postcode)

Company name

Address line 1

Address line 2

City/Town

State/Province

Zip/Postal Code

Country

Position

Number of years of full time employment

Email Information

Home Email *

example@example.com

Work Email *

example@example.com

Preferred Email *



Telephone Information

Home Telephone *

Work Telephone *

Mobile Telephone

Preferred Telephone

Residential Information

Country of Birth

Nationality

Short Courses

Please select the Short Courses in which you wish to register: *

Financial Crime (May - July 2021)

Banking Technology & FinTech (September - December 2021)

If you would like to register interest for another Short Course and receive information on when it will be next available. Please choose from list below:

Tick the below box if you would like to register interest for another Short Course:

Yes

Please choose from list below:

Tick the below box if you would like to register interest for another Short Course:

Yes

Please choose from list below:

IT Equipment

Please note that as the programme is delivered via online blended learning, students are expected to have access to IT equipment in order to ensure that they can complete assignments, exams and lectures/seminars. Students are expected to have access to a computer, laptop or tablet in addition to a broadband internet connection and a webcam.

Please tick here to confirm that you have access to the above IT equipment or will secure access to such equipment once enrolled on the programme. *

Agree

Marketing Information

Please tell us how you came to know of the Short Courses? *

Future Intentions

I am considering advancing onto the Chartered Banker MBA or Postgraduate Certificate in Bank Management on successfully completing the short course.

I am undecided.

I am only interested in the short course subject matter and I am not interested in future studies at this time.

Terms and Conditions

Please ensure that you have read the Terms and Conditions before progressing your application and tick below to acknowledge:

I agree to the [terms & conditions](#) *

Declaration

Please read the statements below before signing the form

1. I consent to Bangor University processing this information under the Data Protection Act 1998. I understand that this information, together with any other information provided will be retained by Bangor University in accordance with the Act.

2. I confirm that I have sufficient funds to cover the cost of the course.

By ticking this box I agree that Bangor University may use edited information regarding my career and reasons for undertaking this course in their marketing and publicity materials

Agree

Name *

Date *



Day Month Year

Payment

You do not need to pay your deposit now if your employer is covering the fees on your behalf.

Please state how you will progress with payment: *

I will secure my registration now and Pay the Deposit of £500.

I am sponsored, and my organisation will pay the full fee on my behalf.

I will make the payment later. I understand that I will not be registered onto the Short Course until my deposit payment of £500 is made. I have made reference to my Admissions Code above and I will use the payment methods outlined in the acceptance letter issued to me to complete the payment.

Employer Invoicing Information

To be completed by individuals who are being sponsored by their employers

Purchase Order Number:

Sponsor Name (to appear on the invoice):

Position:

Company Name (if applicable):

Company Address (include Post/Zip Code):

Contact Telephone Number:

Contact Email Address: