



# IRRV DISTANCE LEARNING ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS CLEARLY

## YOUR DETAILS

FIRST NAME(S): \_\_\_\_\_

LAST NAME: \_\_\_\_\_ IRRV MEMBERSHIP NO: \* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEL. (WORK): \_\_\_\_\_ TEL. (HOME): \_\_\_\_\_

EMAIL (WORK): \_\_\_\_\_ EMAIL (HOME): \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

YOUR DEPARTMENT: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

\*IF YOU ARE UNSURE OF YOUR IRRV MEMBERSHIP NUMBER, IT CAN BE OBTAINED BY  
E-MAILING [MEMBERSHIP@IRRV.ORG.UK](mailto:MEMBERSHIP@IRRV.ORG.UK) OR BY CALLING 020 7691 8994

CORRESPONDENCE WILL NORMALLY BE SENT TO YOUR HOME ADDRESS, BUT IF YOU  
WISH IT TO BE SENT TO YOUR OFFICE PLEASE TICK THIS BOX ☐

IT IS ESSENTIAL THAT YOU ARE AN IRRV MEMBER  
BEFORE WE CAN ACCEPT YOUR APPLICATION TO  
ENROL ON THE COURSE.

VISIT THE '[BECOMING AN IRRV MEMBER](#)' PAGE FOR DETAILS





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## SUBJECTS & EXAMINATIONS

IN THE TABLE BELOW PLEASE TICK THE OPTION(S) YOU ARE APPLYING FOR.  
EXEMPTION INFORMATION CAN BE FOUND BY VISITING THE IRRV WEBSITE BY CLICKING [HERE](#).

IN WHICH PART OF THE UK ARE YOU STUDYING? ☐ WALES ☐ ENGLAND

IRRV LEVEL 3 CERTIFICATE	IRRV PROFESSIONAL DIPLOMA
<b>REVENUES &amp; BENEFITS STREAM</b>	(ALL STUDENTS MUST STUDY COMMON CORE)
CENTRALLY SET ASSIGNMENT <input type="checkbox"/>	CENTRALLY SET ASSIGNMENT <input type="checkbox"/>
(CHOOSE 2 OF THE FOLLOWING SUBJECTS)	MANAGEMENT <input type="checkbox"/>
INTRODUCTION TO COUNCIL TAX <input type="checkbox"/>	MANAGEMENT CASE STUDY <input type="checkbox"/>
INTRODUCTION TO NON-DOMESTIC RATE <input type="checkbox"/>	AND
INTRODUCTION TO WELFARE BENEFITS <input type="checkbox"/>	(CHOOSE 1 OF THE FOLLOWING SUBJECTS)
(CHOOSE 1 OF THE FOLLOWING SUBJECTS)	REVENUES ADMINISTRATION & PUBLIC SECTOR FINANCE; <input type="checkbox"/>
REVENUES & LOCAL TAXATION ADMINISTRATION <input type="checkbox"/>	OR
WELFARE BENEFITS ADMINISTRATION <input type="checkbox"/>	WELFARE BENEFITS ADMINISTRATION & PUBLIC SECTOR FINANCE; <input type="checkbox"/>
	OR
<b>NON-DOMESTIC RATE STREAM</b>	VALUATION FOR RATING <input type="checkbox"/>
CENTRALLY SET ASSIGNMENT <input type="checkbox"/>	AND
NON-DOMESTIC RATE ADMINISTRATION <input type="checkbox"/>	(CHOOSE 1 OF THE FOLLOWING SUBJECTS)
INTRODUCTION TO NON-DOMESTIC RATE <input type="checkbox"/>	COUNCIL TAX LAW & PRACTICE; <input type="checkbox"/>
INTRODUCTION TO VALUATION <input type="checkbox"/>	OR
	NON-DOMESTIC RATE LAW & PRACTICE; <input type="checkbox"/>
<b>VALUATION TRIBUNAL STREAM</b>	OR
INTRODUCTION TO COUNCIL TAX <input type="checkbox"/>	WELFARE BENEFITS LAW & PRACTICE; <input type="checkbox"/>
INTRODUCTION TO NON-DOMESTIC RATE <input type="checkbox"/>	OR
INTRODUCTION TO VALUATION <input type="checkbox"/>	LAW OF PROPERTY <input type="checkbox"/>
VALUATION TRIBUNAL ADMINISTRATION & ADMINISTRATIVE JUSTICE <input type="checkbox"/>	

IF YOU HAVE ANY DISABILITY WHICH MIGHT AFFECT YOUR STUDY OR TAKING THE EXAMINATION PLEASE LET THE INSTITUTE KNOW AS THERE MAY BE SOME WAY THAT ASSISTANCE CAN BE PROVIDED.

IF YOU WOULD LIKE TO ORDER PRINTED COPIES OF THE MATERIAL, CHARGED AT £50 PLUS VAT PER SUBJECT, PLEASE INDICATE HERE FOR WHICH SUBJECT AND HOW MANY COPIES YOU WOULD LIKE:



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## PAYMENT DETAILS

PLEASE TICK AND COMPLETE ONE OF THE FOLLOWING:  
(REMEMBER TO INCLUDE IN THE VALUE OF ANY PRINTED COPIES REQUESTED)

- ☐ PLEASE INVOICE MY EMPLOYERS FOR THE COURSE FEE  
(PLEASE FILL IN EMPLOYER'S AUTHORISATION BELOW)
- ☐ I WISH TO PAY IN THE FOLLOWING INSTALLMENTS ☐ 2 ☐ 3 ☐ 4  
PLEASE FORWARD A STANDING ORDER FORM.
- ☐ I WISH TO PAY VIA DIRECT/CREDIT CARD. PLEASE FORWARD THE ONLINE FORM.

## AUTHORISATION

(ALL STUDENTS SHOULD TICK THIS AUTHORISATION)

- ☐ I WISH TO ENROL AS A STUDENT ON THE IRRV DISTANCE LEARNING COURSE.  
I AGREE TO PAY THE FEES AS INDICATED AND I HAVE READ AND AGREE TO BE  
BOUND BY THE TERMS AND CONDITIONS.

## EMPLOYER'S AUTHORISATION

- ☐ PLEASE TICK HERE IF YOUR EMPLOYER HAS AGREED TO PAY THE FEE, ON  
RECEIPT OF INVOICE

NAME OF OFFICER WHO WILL CERTIFY PAYMENT: \_\_\_\_\_

POSITION OF AUTHORIZING OFFICER: \_\_\_\_\_

TELEPHONE AND EXTENSION NUMBER: \_\_\_\_\_

PURCHASE ORDER NUMBER: \* \_\_\_\_\_

\*IF YOUR EMPLOYER IS PAYING, YOU MUST ENTER A PURCHASE ORDER HERE.

FULL NAME AND EMAIL ADDRESS OF THE PERSON TO WHOM THE INVOICE SHOULD BE SENT:

\_\_\_\_\_

FULL INVOICE ADDRESS  
WHICH SHOULD BE  
SHOWN ON THE INVOICE:

REPORTS ON PROGREE ARE AVAILABLE ON REQUEST. PLEASE INDICATE WHO THEY SHOULD BE  
SENT TO BELOW.

SEND REPORTS TO: \_\_\_\_\_

POSITION: \_\_\_\_\_

PLEASE NOTE THAT THE FEES MUST BE PAID PRIOR TO STARTING THE COURSE.

IF YOU HAVE ANY QUESTIONS OR COMMENTS REGARDING IRRV DISTANCE LEARNING PLEASE  
CONTACT THE DISTANCE LEARNING TEAM AT [DISTANCELEARNING@IRRV.ORG.UK](mailto:distancelearning@irrv.org.uk)