

# Project Management Workshop, with PRINCE2® Foundation and Practitioner accreditations.



## 1. Course Options Applying for (\*Please note that VAT is applicable to prices)

Please select the course and accreditation options required.

- |  |             |
|--|-------------|
| <input type="checkbox"/> Project Management Workshop                       | £535 (+VAT) |
| <input type="checkbox"/> PRINCE2 Foundation online module                  | £295 (+VAT) |
| <input type="checkbox"/> Axelos PRINCE2 Foundation exam registration fee   | £395 (+VAT) |
| <br>   |             |
| <input type="checkbox"/> PRINCE2 Practitioner workshop                     | £290 (+VAT) |
| <input type="checkbox"/> PRINCE2 Practitioner online module                | £295 (+VAT) |
| <input type="checkbox"/> Axelos PRINCE2 Practitioner exam registration fee | £400 (+VAT) |
| <input type="checkbox"/> PRINCE2® Project Management Version 7 manual      | £ 80 (+VAT) |

## 2. Personal and Contact Details

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Male  Female

Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email \_\_\_\_\_

## 3. Why do you wish to attend this workshop?

Please include details of any specific challenge or development need that you hope to address during this course.

## 4. Please give brief details of your current role:

## 5. Emergency Contact(s)

Name(s) \_\_\_\_\_

Relationship to You \_\_\_\_\_

Telephone(s) \_\_\_\_\_

## 6. Training and Development Contact

Please provide details of the primary person responsible for Training and Development in your organisation.

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Job Title \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email \_\_\_\_\_

## 7. Payment Details

Your Source(s) of Funding:

Self  Employer  Other

Invoicing Details (if different to your address in Section 2)

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Reference \_\_\_\_\_

## 8. Declaration

I declare that the information given on this form is correct.

I understand that end2endacademy is the trading name of Perfectnow and

I will be invoiced by Perfectnow Ltd, who administer and deliver the course.

I agree to abide by the quality procedures and examination rules and

regulations of end2endacademy and APMG.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed forms to : [info@end2endacademy.com](mailto:info@end2endacademy.com)

T: +44 (0)7624 471420

[www.end2endacademy.com](http://www.end2endacademy.com)