

Bookings can also be made **ONLINE** and **EMAIL**. Please see **reverse** for details.

Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details

Title (Mr/Mrs/Ms/Miss) _____

Surname _____

First name(s) _____

Date of Birth / /

Address _____

_____ Post Code _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Please provide an email address you have access to during and outside office hours. All communications, including those relating to your online learning and resources, will be sent to this email address.

Email Address

ACCA Registration Number _____

Note: It is your responsibility to complete the ACCA registration formalities and enter the ACCA examinations.

Your Employer's Details

Company Name _____

Company Registration Number _____

Training Manager's Name _____ (Mr/Mrs/Ms/Miss)

Training Manager's Tel. Number _____

Training Manager's Email Address

Work Address _____

_____ Post Code _____

Your Signature

Before signing this enrolment form, students are reminded to ensure they have clearly understood all the terms of their enrolment with HTFT Partnership, in particular clauses concerning refunds, deferments, waivers, course transfers and visa applications (when applicable).

I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk

Your Signature _____

Date _____

Payment Option 1: Your Employer is Sponsoring You

If you wish to submit a manual enrolment form and the employer is responsible for the payment of fees, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT Partnership have been granted in respect of the student and undertake to inform you in writing promptly of any change to this arrangement. We understand that we are fully responsible for the payment of amounts due to HTFT Partnership in all circumstances (including termination of employment or course cancellation). We confirm that we have read, understood and accept the terms and conditions and Policies (as defined below) detailed on www.htftpartnership.co.uk

Employer Signature _____ Name _____

Purchase Order Number _____

Invoice Address (if different to work address above) _____ Contact Name _____

_____ Post Code _____

_____ Post Code _____



	Applied Knowledge			Applied Skills						Strategic Professional		Strategic Professional: Options		
	Accountant in Business	Management Accounting	Financial Accounting	Corporate and Business Law	Performance Management	Taxation	Financial Reporting	Audit and Assurance	Financial Management	Strategic Business Reporting	Strategic Business Leader	Advanced Performance Management	Advanced Taxation	Advanced Audit and Assurance
Instant	250	250	250	250	350	350	350	350	350	450	450	450	450	450
<i>Tick</i>														
On-demand (no QBR)	350	350	350	350	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Tick</i>					N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
On-demand (with QBR)	N/A	N/A	N/A	N/A	700	700	700	700	700	900	900	800	900	800
<i>Tick</i>	N/A	N/A	N/A	N/A										
Total Per Paper (£)														

Total cost £ _____

Payment Option 2: Cheque / Online

I enclose a cheque for £_____ made payable to **HTFT Partnership Limited**

Bank transfer for £_____

Bank Name: HSBC Bank account name: HTFT
 Bank address: 34 Popular Road, Solihull, West Midlands, B91 3AF
 Sort code 40-42-12
 A/C number 92317591 (Include your ACCA ID number as a reference)

I would like to pay by debit/credit card (HTFT will invoice you for £_____)

Study Materials: On-demand only

Where would you like your ACCA approved study materials to be delivered to:

Employer's address Home address

You will be required to print off the HTFT class notes yourself

Please send your completed form to bookings@htftpartnership.co.uk