


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

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




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

Your Signature _____

Date _____

MARKETING POLICY – From time to time we would like to contact you with course information, news and offers which we think you might find useful. If you would prefer not to receive these please tick here

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.htftpартnership.co.uk

Employer Signature _____ Name _____

Purchase Order Number _____ HTFT Customer No.

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

_____ Post Code _____

Practical Application Courses

Accounts Preparation from Manual Records	12 th to 14 th October 2016	£97 per day (exc VAT)	<input type="checkbox"/>
Accounts Preparation from a Computerised System	26 th to 28 th October 2016	£97 per day (exc VAT)	<input type="checkbox"/>
Accounts Preparation from a Brown Bag	23 rd to 25 th November	£97 per day (exc VAT)	<input type="checkbox"/>
Audit Year 1	19 th and 20 th January 2017	£97 per day (exc VAT)	<input type="checkbox"/>

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 AAT ID number as a reference)

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

Please complete this form, scan it and email it to bookings@htftpartnership.co.uk, or visit www.htftpartnership.co.uk

