

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

AAT Registration Number _____

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

Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on HTFT premises?

Yes

No

(If yes, please arrive 15 minutes early to allow local site H&S officer to complete our assessments with you)

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.htftpartnership.co.uk

Your Signature _____

Date _____

DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information

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

EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your exam results from AAT. If you do not wish the AAT to share your results with us 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.htftpartnership.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 _____

		Exam fee	
BTRN	Bookkeeping Transactions	£61.00	<input type="checkbox"/>
BKCL	Bookkeeping Controls	£61.00	<input type="checkbox"/>
ELCO	Elements of Costing	£61.00	<input type="checkbox"/>
UACS	Using Accounting Software (SageOne only)	£61.00	<input type="checkbox"/>
FSYA	Foundation Synoptic Assessment	£66.00	<input type="checkbox"/>
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AVBK	Advanced Bookkeeping	£64.00	<input type="checkbox"/>
FAPR	Final Accounts Preparation	£64.00	<input type="checkbox"/>
MMAC	Management Accounting: Costing	£64.00	<input type="checkbox"/>
IDRX	Indirect Tax	£64.00	<input type="checkbox"/>
AVSY	Advanced Synoptic Assessment	£72.00	<input type="checkbox"/>
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FSLC	Financial Statements of Limited Companies	£71.00	<input type="checkbox"/>
MMBU	Management Accounting: Budgeting	£71.00	<input type="checkbox"/>
MDCL	Management Accounting: Decision & Control	£71.00	<input type="checkbox"/>
PDSY	Professional Synoptic Assessment	£76.00	<input type="checkbox"/>
PLTX	Personal Tax	£71.00	<input type="checkbox"/>
BSTX	Business Tax	£71.00	<input type="checkbox"/>
CDMT	Credit Management	£71.00	<input type="checkbox"/>
CTRM	Cash and Treasury Management	£71.00	<input type="checkbox"/>
ETAU	External Auditing	£71.00	<input type="checkbox"/>

Total cost:

£ _____

Exam date:

Please enter date you wish to sit your exam on.
Your exam date will be confirmed once payment has been made.

Cancellation Policy:

We require **14 days cancellation notice** prior to your scheduled exam date, otherwise we will charge you a **cancellation fee of £20**.

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 52338777 (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