

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	_____
<p><i>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.</i></p>	
Email Address	_____

ACCA Registration Number	_____
<p>Note: It is your responsibility to complete the ACCA registration formalities and enter the ACCA examinations.</p>	

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	
<p><i>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, deferrals, waivers, course transfers and visa applications (when applicable).</i></p> <p><i>I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk</i></p>	
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 ACCA. If you do not wish the ACCA 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.	<table border="1"> <tr> <td>H</td><td>T</td><td>F</td><td>T</td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>	H	T	F	T	-				
H	T	F	T	-								
Invoice Address (if different to work address above)	_____	Contact Name	_____									
	_____		_____									
		Post Code	_____									




Knowledge			Skills						Essentials				Options			
F1 AB	F2 MA	F3 FA	F4 CL	F5 PM	F6 TX	F7 INT FR	F8 INT AA	F9 FM	P1 GRE	P2 INT CR	P2 UK CR	P3 BA	P5 APM	P6 ATX	P7 INT AAA	P7 UK AAA

Resit Package (Revision and QBR)	N/A	N/A	N/A	N/A	325	325	325	325	325	325	325	325	325	325	325	325
Tick																

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 AAT ID number as a reference)

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

Study Materials 

Where would you like your ACCA approved revision kit to be delivered to: Employer's address Home address

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

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

