

ACCA Enrolment Form – HTFT Resit

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	Your Employer's Details
Title (Mr/Mrs/Ms/Miss)	Company Name
Surname	Company Registration Number
First name(s)	Training Manager's Name (Mr/Mrs/Ms/Miss)
Date of Birth / /	
Address	Training Manager's Tel. Number
	Training Manager's Email Address
Post Code	
Home Phone	
Mobile Phone	Work Address
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.	Post Code
Email Address	Your Signature
	Before signing this enrolment form, students are reminded to ensure they
ACCA Registration Number	have clearly understood all the terms of their enrolment with HTFT Partnership, in particular clauses concerning refunds, deferments, waivers,
Note : It is your responsibility to complete the ACCA registration formalities and enter the ACCA examinations.	course transjers and visa applications (when applicable).
DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information	I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk
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 \Box	Your Signature
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 \square	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	HTFT Customer No. H T F T -
Invoice Address (if different to work address above)	Contact Name
	Post Code



ACCA Enrolment Form – HTFT Resit



