

Your Details

AAT CBT & SA booking form

Your Employer's Details

Company Name _____



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

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

Title (Mr/Mrs/Ms/Miss)

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											Ш]	
Home Phone											Ш]		
Mobile Phone											Ш	Work Address																	
Wor	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.																													
Ema	Email Address Your Signature										П																		
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L	I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk																												
	AAT Registration Number Note: It is your responsibility to complete the AAT registration formalities and Your Signature																												
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	ou have							-				ne	Ш	Date															
event of a building evacuation whilst you are on HTFT premises? DATA PROTECTION ACT – Your sponsor will be informed of your results, predattendance unless your sponsor chooses not to receive this information									progres	s and																			
infor									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																				
No 🗆										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																			
(If yes, please arrive 15 minutes early to allow local site H&S officer to complete our assessments with you)											your e tick he	_	_	from <i>i</i>	AAT	. If yo	ou do n	ot wish	n the	e AAT to	shar	e yo	ur res	ults wit	h us				
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Pay	ment (Optio	n 1:	Your I	Empl	oye	r is	Spor	nsor	ing Y	ou																		
	ou wish t																												-
Part for t	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	e																				



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

Total cost	£							
Exam date		Please enter	date you wish to sit your e	exam on				
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 £)								