

CIMA Enrolment Form PROFESSIONAL



Bookings can also be made via **PHONE**, **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[illegible]CIMA Registration Number _____

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

Your Employer's Details (only complete if your employer is funding your studies)

Company Name _____

Company Registration Number _____

Training Manager's Name (Mr/Mrs/Ms/Miss)Training Manager's Tel. Number _____Training Manager's Email Address[illegible]

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 _____

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 CIMA. If you do not wish the CIMA 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 _____ Contact Name _____

Invoice Address (if different to work address above)

Post CodeEmail Address for invoices to be sent to:[illegible]

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	Operational				Management				Strategic			
	E1 EO	P1 PO	F1 FO	OCS	E2 EM	P2 PM	F2 FM	MCS	E3 ES	P3 PS	F3 FS	SCS
HTFT CIMA Resit	99	99	99	499	99	99	99	499	99	99	99	499
Tick												
HTFT CIMA Resit (on-demand)	49	49	49	n/a	49	49	49	n/a	49	49	49	n/a
Tick				n/a				n/a				n/a
Total Per Paper (£)												

Conditions

To book any CIMA Resit course you must have taken the appropriate OT or Case Study exam and failed in the previous three week period (for OT exams) or the previous Case Study exam window with a minimum scaled score of 90/150 (for OT exams) or 70/150 (for Case Study exams).

A screenshot from MyCIMA must be provided with the enrolment form.

Total Course Fees	£ _____	
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Payment Option 2: Cheque / Online	
<input type="checkbox"/> I enclose a cheque for £_____ made payable to HTFT Partnership Limited	
<input type="checkbox"/> 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 CIMA ID number as a reference)	
<input type="checkbox"/> I would like to pay by debit/credit card (HTFT will invoice you for £_____)	

Return Details	
Please complete, scan and return this form to: bookings@htftpartnership.co.uk or post to: 5 Champion Way, Dickens Heath, Solihull, B90 1RX For additional queries please call: 0121 745 8842	