

CIMA Professional: Resit Enrolment Form

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																					
	<table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
CIMA Registration Number	_____																				
<i>Note: It is your responsibility to complete the CIMA registration formalities and enter the CIMA examinations.</i>																					

Your employer's details <small>(only complete if your employer is funding your studies)</small>																					
Company Name	_____																				
Company Registration Number	_____																				
Training Manager's Name	(Mr/Mrs/Ms/Miss)																				

Training Manager's Tel. Number	_____																				
Training Manager's Email Address																					
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Work Address	_____																				

	Post Code _____																				

Signature	
<i>I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpартnership.co.uk</i>	
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 like 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: Only complete if 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:																					
<i>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.htftpартnership.co.uk</i>																					
Employer Signature _____	Name _____																				
Purchase Order Number _____	Contact Name _____																				
Invoice Address (if different to work address above) _____																					
	Post Code _____																				
Email Address for invoices to be sent to:																					
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	E1: MFDW	F1: FR	P1: MA	OCS	E2: MP	F2: AFR	P2: AMA	MCS	E3: SM	F3: FS	P3: RM	SCS
HTFT resit	£135	£135	£135	£499	£135	£135	£135	£499	£135	£135	£135	£499
Tick to enrol												

Prior Learning: Please indicate with a **P** if you have passed the exam, **E** if you are exempt or **AW** if you are awaiting your result

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Total course fees

£ _____

CIMA Case Study booking

Please indicate which exam window you are sitting: _____

Additional Learning Support (please circle your answer)

Do you consider yourself to have a learning difficulty, disability or health problem? **Yes / No**

If yes, do you require any additional support **Yes / No** Extra time in exams _____%

Payment option 2: Only complete if you are paying

Bank transfer for £ _____

Bank Name: HSBC **Bank account name:** HTFT
Bank address: 34 Poplar Road, Solihull, West Midlands, B91 3AF
Sort code: 40-42-12
A/C number: 92317591 (Include your CIMA ID number as a reference)

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

Returning this form

Please return this form to bookings@htftpartnership.co.uk

NB: with **ALL** resit bookings, we require evidence of your eligibility to be returned with this form – this is usually a screenshot of your MYCIMA page showing exam results and dates.

