

# ACCA: Enrolment Form (for March & September exams)

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


ACCA Registration Number \_\_\_\_\_

***Note:** It is your responsibility to complete the ACCA registration formalities and enter the ACCA 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


Work Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

## Signature

*I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on [www.htftpартnership.co.uk](http://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 ACCA. If you do not wish the ACCA 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:**

*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](http://www.htftpартnership.co.uk)*

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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	Applied Knowledge			Applied Skills						Strategic Professional							
	BT	MA	FA	LW	PM	TX	FR	AA	FM	SBR		SBL	AFM	APM	ATX	AAA	
<div>HTFT live</div> <div>Tick to enrol</div>	£408	£408	£408	£408	£1050	£1050	£1050	£1050	£1050	UK £1210	INT £1210	£1210	£1120	£1120	£1210	UK £1120	INT £1120
<div>HTFT on-demand</div> <div>Tick to enrol</div>	£350	£350	£350	£350	£700	£700	£700	£700	£700	UK £900	INT £900	£900	£800	£800	£900	UK £800	INT £800

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

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## Total course fees

For **Strategic Professional** exams, please circle your exam format:

£ \_\_\_\_\_

CBE / Paper

## Discounts (ACCA Applied Skills and Strategic Professional only)

**live:** There is a **15% discount** for booking a full week before the course starts

## 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 \_\_\_\_\_%

## Returning this form

Please return this form to [bookings@htftpartnership.co.uk](mailto:bookings@htftpartnership.co.uk)

## Study materials

Where would you like your ACCA approved study materials to be delivered to:

Employer's address ☐ Home address ☐

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

## 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 ACCA ID number as a reference)

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

