ACCA: Enrolment Form: Resit

HTFT PARTNERSHIP
Providing an *innovative* accountancy learning solution

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

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.*

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 ACCA. If you do not wish ACCA to share your results with us tick here ☐

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 _____

Your Signature

Before signing this enrolment form, students are reminded to ensure they have clearly understood all the terms of their enrolment with HTFT Partnership, in particular clauses concerning refunds, deferments, waivers, course transfers and visa applications (when applicable).

I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk

Your Signature _____

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 _____ 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	
ACCA Resit	N/A	N/A	N/A	N/A	£325	£325	£325	£325	£325	UK £325	INT £325	£325	£325	£325	£325	UK £325	INT £325
Tick to enrol	N/A	N/A	N/A	N/A													
Prior Learning: Please indicate with a **P** if you have passed the exam, **E** if you are exempt or **AW** if you are awaiting results																	

Please indicate which ACCA Exam Window you are sitting your Resit in _____

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

CBE / **Paper**

Total cost

£ _____

Additional Learning Support (please circle your answer)

Do you consider yourself to have a learning difficultly, 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

Study materials

Where would you like your ACCA approved Exam Kit to be delivered to:

Employer's address ☐ Home address ☐

By ticking this box I confirm that HTFT can provide Kaplan Publishing with my mobile phone number so that I may be contacted by the delivery driver if there is a problem in delivering the material ☐

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

Payment option 2: Only complete if you are paying

APPROVED LEARNING PARTNER ACCA
ONLINE DELIVERY - PLATINUM

☐ 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 £_____)