

**Your Details** 

## **ACCA Enrolment Form - Resit**

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

Company Registration Number \_\_\_\_\_

Training Manager's Name (Mr/Mrs/Ms/Miss)

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) \_\_\_\_\_

First name(s)

Date of Birth / /									
Address	Training Manager's Tel. Number								
	Training Manager's Email Address								
Post Code									
Home Phone									
Mobile Phone	Work Address								
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.	Post Code								
Email Address	Your Signature								
	Tour Signature								
ACCA Registration Number	Before signing this enrolment form, students are reminded to ensure they have clearly understood all the terms of their enrolment with HTFT								
<b>Note</b> : It is your responsibility to complete the ACCA registration formalities and enter the ACCA examinations.	Partnership, in particular clauses concerning refunds, deferments, waivers, course transfers and visa applications (when applicable).								
DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and	I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on <a href="https://www.htftpartnership.co.uk">www.htftpartnership.co.uk</a>								
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	Your Signature								
prefer not to receive these please tick here $\square$ <b>EXAM RESULTS</b> – 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 $\Box$	Date								
Payment Option 1: Your Employer is Sponsoring You									
Partnership have been granted in respect of the student and undertake to inform you in wi	nt of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT iting promptly of any change to this arrangement. We understand that we are fully responsible ation of employment or course cancellation). We confirm that we have read, understood and								
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:									

funding your studies)

Company Name \_\_\_



## **ACCA Enrolment Form – Resit**

	Applied Knowledge			Applied Skills				Strategic Professional		Strategic Professional: Options				
	Accountant in Business	Management Accounting	Financial Accounting	Corporate and Business Law	Performance Management	Taxation	Financial Reporting	Audit and Assurance	Financial Management	Strategic Business Reporting	Strategic Business Leader	Advanced Performance Management	Advanced Taxation	Advanced Audit and Assurance
	21/2	21/2	21/2	21/2						225	225	225	225	225
Resit	N/A	N/A	N/A	N/A	325	325	325	325	325	325	325	325	325	325
Tick	N/A	N/A	N/A	N/A										
Total Per Paper (£)														

**Total cost** 

£\_\_\_\_

Payment Option 2: Cheque / Online						
$\square$ 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 92317591 (Include your ACCA ID number as a reference)						
☐ I would like to pay by debit/credit card (HTFT will invoice you for £)						

Please send your completed form to <a href="mailto:bookings@htftpartnership.co.uk">bookings@htftpartnership.co.uk</a>