

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		Your Employer's Details (only complete if your employer is funding your studies)							
Title (Mr/Mrs/Ms/Miss)		Company Name							
Surname		Company Registration Number							
First name(s)		Training Manager's Name (Mr/Mrs/Ms/M	1iss)						
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 hours. All communications, including those relating to your		Post Code							
and resources, will be sent to this email address.	-								
Email Address		Your Signature							
		I confirm that I have read, understood and accept the terms & condit	ions						
CIMA Registration Number		and privacy policy detailed on www.htftpartnership.co.uk							
Note: It is your responsibility to complete the CIMA registra		Your Signature							
and enter the CIMA examinations.		Date							
		endance unless your sponsor chooses not to receive this information ation, news and offers which we think you might find useful. If you would prefer not to re	ceiv						
EXAM RESULTS – Within the terms of this agreement you agree to		am results from CIMA. If you do not wish the CIMA to share your results with us tick here							
Payment Option 1: Your Employer is Spor	nsoring You								
If you wish to submit a manual enrolment form ar	nd the employer is	s responsible for the payment of fees, please complete the following							
Partnership have been granted in respect of the student and under	rtake to inform you in v stances (including term	nent of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities wit. vriting promptly of any change to this arrangement. We understand that we are fully res ination of employment or course cancellation). We confirm that we have read, understoo tnership.co.uk	onsi						
Employer Signature		Name							
Purchase Order Number		Contact Name							
Invoice Address (if different to work address a	bove)								
		Post Code							

CIMA Enrolment Form distance learning



	Operational			Management				Strategic					
PARTNERSHIP	E1 EO	P1 PO	F1 FO	ocs	E2 EM	P2 PM	F2 FM	MCS	E3 ES	P3 PS	F3 FS	SCS	
Distance Learning Plus	n/a	n/a	n/a	325	n/a	n/a	n/a	325	n/a	n/a	n/a	325	
Tick	n/a	n/a	n/a		n/a	n/a	n/a		n/a	n/a	n/a		
Distance Learning	n/a	n/a	n/a	199	n/a	n/a	n/a	199	n/a	n/a	n/a	199	
Tick	n/a	n/a	n/a	155	n/a	n/a	n/a	155	n/a	n/a	n/a	155	
Total Per Paper (£)													
Return Details													
Please complete, scan and return this form to:													
bookings@htftpartnership.co.uk or post to:													
5 Campion Way, Dickens Heath, Solihull, B90 1RX For additional queries please call: 0121 745 8842													
i or additional queries please call.	0121		72										
Total Course Fees	E												
										-			
Payment Option 2: Cheque / C	Dnline												
I enclose a cheque for £ made payable to HTFT Partnership Limited													
\square Bank transfer for £													
Bank Name: HSBC Bank account name: HTFT													
Bank address: 34 Popular Road, S			dlands, E	391 3AF									
Sort code 40-42-12			mbors	o rofore									
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 £)													

