

AAT CBT & SA booking form



Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details	Your Employer's Details				
Title (Mr/Mrs/Ms/Miss)	**This only needs completing if you	r employer is paying for			
Surname	<u>the exam</u>				
First name(s)	Company Name				
Date of Birth / /	Company Registration Number				
Address	Training Manager's Name	Training Manager's Name (Mr/Mrs/Ms/Miss)			
		<u>.</u>			
Post Code	Training Manager's Tel. Number				
Home Phone	Training Manager's Email Address				
Mobile Phone					
Work Phone					
Please provide an email address you have access to during and out	33				
hours. All information relating to your exam, will be sent to this em Email Address	aaaress.				
Lilian Address	Your Signature				
AAT Registration Number	I confirm that I have read, understood and acc privacy policy detailed on <u>www.htftpartnershi</u>	The state of the s			
Note : It is your responsibility to complete the AAT registration form	ities and Your Signature				
enter the AAT examinations. Do you have any special needs/disability that may affect y					
event of a building evacuation whilst you are on HTFT pre	I I				
Yes No					
(If yes, please arrive 15 minutes early to allow local site H&S officer to compassessments with you)	te our DATA PROTECTION ACT — Your sponsor will be infor attendance unless your sponsor chooses not to rece	,			
Do you require any reasonable adjustments (such as extra	MARKETING POLICY – From time to time we would information, news and offers which we think you mi	•			
during your exam?	not to receive these please tick here EXAM RESULTS – Within the terms of this agreemen	t you agree to HTFT obtaining			
Yes No	your exam results from AAT. If you do not wish the A tick here \square	AAT to share your results with us			
(If yes, please attach a copy of your Reasonable Adjustment Granted form – training provider can help you complete)	lich your				
		=,,,,,			
Payment Option 1: Your Employer is Sponsoring	rou				
If you wish to submit a manual booking form and the em As employer of the student for whom this form is completed, we are response.		•			
Partnership have been granted in respect of the student and undertake to for the payment of amounts due to HTFT Partnership in all circumstances (in	iding termination of employment or exam cancellation). We confirm that				
the terms and conditions and Policies (as defined below) detailed on www. Employer Signature					
Purchase Order Number		NameH T F T -			
		HIFI Customer No.			
Invoice Address (if different to work address above)	Contact Name				
	Post Code				
	Post Code				



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		Exam fee		
BTRN	Bookkeeping Transactions	£70.00		
BKCL	Bookkeeping Controls	£70.00		
ELCO	Elements of Costing	£70.00		
UACS	Using Accounting Software (Sage One only)	£70.00		
FSYA	Foundation Synoptic Assessment	£80.00		
AVBK	Advanced Bookkeeping	£70.00		
FAPR	Final Accounts Preparation	£70.00		
MMAC	Management Accounting: Costing	£70.00		
IDRX	Indirect Tax	£70.00		
AVSY	Advanced Synoptic Assessment	£85.00		
FSLC	Financial Statements of Limited Companies	£75.00	П	
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MMBU	Management Accounting: Budgeting	£75.00		
MDCL	Management Accounting: Decision & Control £75.00			
PDSY	Professional Synoptic Assessment	£85.00		
PLTX	Personal Tax	£75.00		
BSTX	Business Tax	£75.00		
CDMT	Credit Management	£75.00		
CTRM	Cash and Treasury Management	£75.00		
ETAU	External Auditing	£75.00		

	ETAU		External Auditing £75.00						
				-					
Total cost: £				Exam date:	Please enter date you w to sit your exam				
Change in payment terms Confirmation of the exam booking will be made when payment has occurred. We will hold your booking for 24 hours after the enrolment form has been sent in. If payment has not I received in this timeframe the exam slot will not be reserved. Cancellation Policy: We require 14 days cancellation notice prior to your scheduled exam date, otherwise we charge you a cancellation fee of £20.							ot been		
Please provide any details here of and special requirements (e.g. extra time in exam):									
Payment Option 2: Cheque / Online									
□ I e	nclose a	cheque fo	or £	made pay	able to HTFT Partnershi p	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 AAT ID number as a reference or invoice number) □ I would like to pay by debit/credit card (HTFT will send you a payment link for £)									