

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 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 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.htftpартnership.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.htftpартnership.co.uk

Employer Signature _____ Name _____

Purchase Order Number _____

Invoice Address (if different to work address above) _____ Contact Name _____

_____ Post Code _____

	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 <small>UK 1250 INT 1250</small>		Strategic Business Leader	Advanced Financial Management	Advanced Performance Management	Advanced Taxation	Advanced Audit and Assurance <small>UK 1220 INT 1220</small>	
Ultimate	408	408	408	408	1150	1150	1150	1150	1150			1250	1220	1220	1250		
Tick																	
Tuition only	N/A	N/A	N/A	N/A	535	535	535	535	535	525	525	525	525	525	525	525	525
Tick	N/A	N/A	N/A	N/A													
Revision only	N/A	N/A	N/A	N/A	430	430	430	430	430	540	540	540	510	510	540	510	510
Tick	N/A	N/A	N/A	N/A													
QBR only	N/A	N/A	N/A	N/A	185	185	185	185	185	185	185	185	185	185	185	185	185
Tick	N/A	N/A	N/A	N/A													
Total Per Paper (£)																	

NB: There is a 15% discount on the Total Package cost if you book before the 6th Sept '19 for the Dec '19 ACCA sitting

Please indicate which ACCA Exam Window you are sitting your exam in

Total cost

£ _____

Payment Option 2: Cheque / Online

☐ I enclose a cheque for £_____ made payable to **HTFT Partnership Limited**

☐ 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 £_____)



Study Materials



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

Employer's address ☐ Home address ☐

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

Please send your completed form to bookings@htftpartnership.co.uk