# ACCA Enrolment Form – HTFT Ultimate

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.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 _____

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

_____

_____ Post Code _____

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| | 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 Financial Management | Advanced Performance Management | Advanced Taxation | Advanced Audit and Assurance |
| **Ultimate** | 408 | 408 | 408 | 408 | 1050 | 1050 | 1050 | 1050 | 1050 | 1210 | 1210 | 1120 | 1120 | 1210 | 1120 |
| ***Tick*** | | | | | | | | | | | | | | | |
| **Tuition only** | N/A | N/A | N/A | N/A | 535 | 535 | 535 | 535 | 535 | 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 | 510 | 510 | 540 | 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 |
| ***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 December '19 for the March '20 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