

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 your employer is paying for			
Surname				
First name(s)	Company Name			
Date of Birth / /	Company Registration Number			
Address	Training Manager's Name (Mr/Mrs/Ms/Miss)			
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 outside office hours. All information relating to your exam, will be sent to this email address.				
Email Address	nun dudress.			
	Your Signature			
	I confirm that I have read, understood and accept the terms & conditions and			
AAT Registration Number				
Note: It is your responsibility to complete the AAT registration formalities and enter the AAT examinations. Your Signature				
Pour Signature Do you have any special needs/disability that may affect you in the				
event of a building evacuation whilst you are on HTFT pren				
Yes No				
(If yes, please arrive 15 minutes early to allow local site H&S officer to compl assessments with you)	plete our DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information			
Do you require any reasonable adjustments (such as extra	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			
during your exam?	not to receive these please tick here EXAM RESULTS — Within the terms of this agreement you agree to HTFT obtaining			
Yes 🗆 No 🗆	your exam results from AAT. If you do not wish the AAT to share your results with us tick here \Box			
(If yes, please attach a copy of your Reasonable Adjustment Granted form – which your training provider can help you complete)				
Payment Option 1: Your Employer is Sponsoring You				
If you wish to submit a manual booking 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 exam cancellation). We confirm that we have read, understood and accept				
the terms and conditions and Policies (as defined below) detailed on www.h Employer Signature				
Purchase Order Number				
Invoice Address (if different to work address above)				
	Post Code			



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		Exam fee	
BTRN	Bookkeeping Transactions	£85.00	
BKCL	Bookkeeping Controls	£85.00	
ELCO	Elements of Costing	£85.00	
UACS	Using Accounting Software (Sage One only)	£85.00	
FSYA	Foundation Synoptic Assessment	£95.00	
AVBK	Advanced Bookkeeping	£85.00	
FAPR	Final Accounts Preparation	£85.00	
MMAC	Management Accounting: Costing	£85.00	
IDRX	Indirect Tax	£85.00	
AVSY	Advanced Synoptic Assessment	£95.00	
FSLC	Financial Statements of Limited Companies	£85.00	П
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MMBU	Management Accounting: Budgeting	£85.00	
MDCL	Management Accounting: Decision & Control	£85.00	
PDSY	Professional Synoptic Assessment	£95.00	
PLTX	Personal Tax	£85.00	
вѕтх	Business Tax	£85.00	
CDMT	Credit Management	£85.00	
CTRM	Cash and Treasury Management		
ETAU	External Auditing	£85.00	
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Total cost: £	Exam date:	Please enter date you wish to sit your exam on.		
Change in payment terms Cancellation Policy:	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 been received in this timeframe the exam slot will not be reserved. All exam bookings are NON-REFUNDABLE and once booked we can't change the EXAM DATE			
Please provide any details here of and special requirements (e.g. extra time in exam):				
Payment Option 2: Cheque /	Online			
☐ I enclose a cheque for £	made paya	ble 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 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 £)				
Please complete this form, scan it and email it to bookings@htftpartnership.co.uk				