

CIMA Enrolment Form PROFESSIONAL

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



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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

CIMA Registration Number _____

Note: It is your responsibility to complete the CIMA registration formalities and enter the CIMA examinations.

Your Employer's Details



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



I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpартnership.co.uk

Your Signature _____

Date _____

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 CIMA. If you do not wish the CIMA to share your results with us tick here ☐

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 _____

HTFT Customer No.

| | | | |
|---|---|---|---|
| H | T | F | T |
|---|---|---|---|

 -

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Invoice Address (if different to work address above)

Contact Name _____

_____ Post Code _____



CIMA Enrolment Form PROFESSIONAL



| | Operational | | | | Management | | | | Strategic | | | |
|----------------------------|-------------|----------|----------|------|------------|----------|----------|------|-----------|----------|----------|------|
| | E1 EO | P1 PO | F1 FO | OICS | E2 EM | P2 PM | F2 FM | MICS | E3 ES | P3 PS | F3 FS | SICS |
| HTFT Ultimate Live | 590 | 590 | 590 | 1250 | 660 | 660 | 660 | 1360 | 730 | 730 | 730 | 1400 |
| Tick | | | | | | | | | | | | |
| HTFT On-demand | 475 | 475 | 475 | 905 | 495 | 495 | 495 | 905 | 505 | 505 | 505 | 910 |
| Tick | | | | | | | | | | | | |
| HTFT Instant | 250 | 250 | 250 | N/A | 250 | 250 | 250 | N/A | 250 | 250 | 250 | N/A |
| Tick | | | | | | | | | | | | |
| Text Book only | 30 | 30 | 30 | N/A | 30 | 30 | 30 | N/A | 30 | 30 | 30 | N/A |
| Tick | | | | | | | | | | | | |
| Total Per Paper (£) | | | | | | | | | | | | |

Return Details

Please complete, scan and return this form to:
bookings@htftpартnership.co.uk or post to:
 5 Campion Way, Dickens Heath, Solihull, B90 1RX
 For additional queries please call: **0121 745 8842**



Package offers

Ultimate: There is a **15% discount** for booking all papers for one level (3 OTs and 1 Case Study).

Ultimate: There is a **5% discount** for booking a Case Study and 1 or 2 OTs at that level

On-demand: There is a **10% discount** for booking all papers for one level (3 OTs and 1 Case Study).

There is no time limit to complete the booked level, however the level is not refundable once the discount has been taken

Total Course Fees

£ _____



Study Materials

Where would you like your CIMA approved study materials to be delivered to: Employer's address ☐ Home address ☐

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



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 Popular Road, Solihull, West Midlands, B91 3AF

Sort code 40-42-12

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 £ _____)

