

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



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 _____



Knowledge			Skills							Essentials				Options			
F1 AB	F2 MA	F3 FA	F4 CL	F5 PM	F6 TX	F7 INT FR	F8 INT AA	F9 FM		P1 GRE	P2 INT CR	P2 UK CR	P3 BA	P5 APM	P6 ATX	P7 INT AAA	P7 UK AAA

Evening Complete Course	408	408	408	408	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tick																	

Total Package (Tuition, Revision and QBR)	N/A	N/A	N/A	N/A	950	1050	1050	1050	950	1020	1250	1250	1020	1020	1250	1020	1020
Tick																	

Tuition	N/A	N/A	N/A	N/A	385	485	485	485	385	425	525	525	425	425	525	425	425
Tick																	


Revision	N/A	N/A	N/A	N/A	380	380	380	380	380	410	540	540	410	410	540	410	410
Tick																	


Question Based Revision (QBR)	N/A	N/A	N/A	N/A	185	185	185	185	185	185	185	185	185	185	185	185	185
Tick																	

Total Per Paper (£)																	
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NB: There is a 15% discount on the Total Package cost if you book before the 24th April for our September 2017 sitting

Total cost	£ _____
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Payment Option 2: Cheque / Online	
<input type="checkbox"/> I enclose a cheque for £_____ made payable to HTFT Partnership Limited	
<input type="checkbox"/> 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 ACCA ID number as a reference)	
<input type="checkbox"/> 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 <input type="checkbox"/> Home address <input type="checkbox"/>	
You will be required to print off the HTFT class notes yourself	

Please complete this form, scan it and email it to bookings@htftpartnership.co.uk, or visit www.htftpartnership.co.uk