



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 | the exam |
| 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 offic hours. All information relating to your exam, will be sent to this email addre | |
| Email Address | |
| | Your Signature |
| | I confirm that I have read, understood and accept the terms & conditions and |
| AAT Registration Number | privacy policy detailed on <u>www.htftpartnership.co.uk</u> |
| Note : It is your responsibility to complete the AAT registration formalities ar enter the AAT examinations. | Your Signature |
| Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on HTFT premises? | ne l |
| Yes No 🗆 | Date |
| (If yes, please arrive 15 minutes early to allow local site H&S officer to complete our | DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information |
| assessments with you) | MARKETING POLICY - From time to time we would like to contact you with course |
| Do you require any reasonable adjustments (such as extra time) during your exam? | information, news and offers which we think you might find useful. If you would prefer not to receive these please tick here \Box |
| Yes No 🗆 | EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your exam results from AAT. If you do not wish the AAT to share your results with us |
| (If yes, please attach a copy of your Reasonable Adjustment Granted form – which you training provider can help you complete) | tick here |
| Payment Option 1: Your Employer is Sponsoring You | |
| As employer of the student for whom this form is completed, we are responsible for Partnership have been granted in respect of the student and undertake to inform you | s responsible for the payment of fees, please complete the following: payment of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT u in writing promptly of any change to this arrangement. We understand that we are fully responsible rmination of employment or exam cancellation). We confirm that we have read, understood and accept rship.co.uk |
| Employer Signature | |
| Purchase Order Number | H T F T - |
| Invoice Address (if different to work address above) | Contact Name |
| | Post Code |



AAT CBT & SA booking form



| | | Exa | Exam fee | |
|------|---|--------|----------|--|
| BTRN | Bookkeeping Transactions | £70.00 | | |
| BKCL | Bookkeeping Controls | £70.00 | | |
| ELCO | Elements of Costing | £70.00 | | |
| UACS | Using Accounting Software (Sage One only) | £70.00 | | |
| FSYA | Foundation Synoptic Assessment | £80.00 | | |
| | | | | |
| AVBK | Advanced Bookkeeping | £70.00 | | |
| FAPR | Final Accounts Preparation | £70.00 | | |
| MMAC | Management Accounting: Costing | £70.00 | | |
| IDRX | Indirect Tax | £70.00 | | |
| AVSY | Advanced Synoptic Assessment | £85.00 | | |
| | | | | |
| FSLC | Financial Statements of Limited Companies | £75.00 | | |
| MMBU | Management Accounting: Budgeting | £75.00 | | |
| MDCL | Management Accounting: Decision & Control | £75.00 | | |
| PDSY | Professional Synoptic Assessment | £85.00 | | |
| PLTX | Personal Tax | £75.00 | | |
| BSTX | Business Tax | £75.00 | | |
| CDMT | Credit Management | £75.00 | | |
| CTRM | Cash and Treasury Management | £75.00 | | |
| ETAU | External Auditing | £75.00 | | |
| | 1 | | | |

| Total cost: | £ |
|-------------------|---|
| Exam date: | Please enter date you wish to sit your exam on. Your exam date will be confirmed once payment has been made. |
| Cancellation Poli | icy: We require 14 days cancellation notice prior to your scheduled exam date, otherwise we will charge you a cancellation fee of £20 . |

| 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 AAT ID number as a reference or invoice number)

 \square I would like to pay by debit/credit card (HTFT will send you a Paypal link for £_

)

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