



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		
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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
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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 £_

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