

# CERTIFIED ACCOUNTING TECHNICIAN (CAT) HOME STUDY ENROLMENT FORM

Please complete all parts of this form

## 1a. Your Details

Surname \_\_\_\_\_  
 Forename \_\_\_\_\_ Mr/Miss/Ms/Mrs  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## 1b. Your Employers Details

Students sponsored by their employer must fill in this section and section 2c.

Training Manager's name \_\_\_\_\_  
 Company name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

## 1c. Please mail all study material to home / work\* address

(\*DELETE AS APPROPRIATE)  
 Please note a signature is required for all deliveries so please supply an address which will be occupied during office hours.

## 2a. Course Information

Please tick the box (es) for which paper (s) you are enrolling onto from the following table and state the month and year you wish to sit the examination:

Syllabus	Price (£)	Amount £	Exam Jun/Dec & Year
Paper 1 Recording Financial Transactions	£199	<input checked="" type="checkbox"/>	
Paper 2 Information for Management Control	£199	<input type="checkbox"/>	
Paper 3 Maintaining Financial Records	£199	<input type="checkbox"/>	
Paper 4 Accounting for Costs	£199	<input type="checkbox"/>	
Paper 5 Managing People and Systems	£199	<input type="checkbox"/>	
Paper 6 Drafting Financial Statements	£199	<input type="checkbox"/>	
Paper 7 Planning, Control & Performance Management	£199	<input type="checkbox"/>	
<b>Two optional papers from three</b>			
Paper 8 Implementing Audit Procedures	£199	<input type="checkbox"/>	
Paper 9 Preparing Taxation Computations	£199	<input type="checkbox"/>	
Paper 10 Managing Finances	£199	<input type="checkbox"/>	
<b>Postage and packaging</b>			
UK (price per paper)	£11		
Rest of the World (price per paper)	£49.00		
<b>TOTAL COST</b>		<b>£</b>	

## 2b. Method of payment

Tick one box only  
 Please invoice my employer and make sure that section 2c is completed.  
 I enclose a cheque / PO made payable to PREMIER TRAINING for £ \_\_\_\_\_  
 Please charge my credit / debit card number

## 2c. Your Employers Details

I/We are responsible for payment of all fees due on receipt of the invoice in respect of the student here named and undertake to inform you in writing of any changes to this agreement. I/We understand that we are fully responsible for the payment of fees due in all circumstances including termination of employment and cancellation of the course.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2d. Where did you here about us?

\_\_\_\_\_

## 3. Academic Background and other details

Please tick to indicate your other qualifications and provide brief details below. Please note that this information is used for marketing purposes only and will have no effect on your enrolment.

'A' Levels GNVQ Advanced HND Degree Other

\_\_\_\_\_

\_\_\_\_\_

**STUDENTS OR EMPLOYERS**  
**MUST SIGN SECTION 2c**

## How to enrol

By phone. If you are paying by credit/debit card and have a few minutes to spare call 01469 515444

If your employer has asked to be invoiced please ask them to sign section 2c then fax the completed form on 01469 515447.

By post. Send your completed enrolment form, with Payment where appropriate to **Premier Training**, Immingham Resource Centre, Margaret Street, Immingham, NE LINCS DN40 1IE

Expiry date / Start date / Issue number

Security Number (last 3 digits on reverse of card)

Please supply cardholder's name, address and post code if different to that above. \_\_\_\_\_

FOR OFFICE USE ONLY: Order taken by \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_ Invoice No \_\_\_\_\_