

# SAGE COURSE ENROLMENT FORM

## 1a. Your details

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

## 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 that a signature is required for all deliveries so please supply an address, which will be occupied during office hours

## 1d. Where did you hear about us?

## 2a. Payment Details

Course Fees	Price £
Sage Accounts (Includes Sage Certification) <span style="float: right;">£299</span>	
Sage Payroll Beginners/Intermediate <span style="float: right;">£229</span>	
<b>Total</b>	£
<b>Postage and packaging</b>	
<b>UK Mainland</b> <span style="float: right;">£15.00</span>	
<b>Rest of the World</b> <span style="float: right;">£42.00</span>	
<b>TOTAL COST</b>	£

## 2b. 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

Over 21 and at least 4 years accounts experience

'A' Levels    GNVQ Advanced    HND    Degree    Other Subjects \_\_\_\_\_

## 2c. Student's / Employers authorisation

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 or cancellation of course.

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2d. 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

Expiry date    /    Start date    /    Issue number

Security Number (last 3 digits on reverse of card)

Please supply the card holder's name and address if different to that above

## How to enrol

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

By post. Send your completed enrolment form, with payment where appropriate to **Premier Training**, Resource Centre, Immingham, N. E. Lincs. DN40 1LE

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