

AAT HOME STUDY 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 delivery will take approximately seven days from receipt of your order. A signature is required for all deliveries so please supply an address, which will be occupied during office hours.

2a. Payment Details

Home Study Fees	Price £	Examination :Please state the MONTH and YEAR you wish to sit the assessment Jun/Dec/Year
Foundation: £439.00		Unit 1 Initial Trial Balance
Foundation with Sage Accounting: £549.00		
Intermediate: £439.00		Unit 5 Maintaining Financial Records Unit 6 Recording and Evaluating Costs
Technician: £569.00		Unit 8 Enhancement of Value
		Unit 9 Control of Resources
		Unit 11 Drafting Financial Statements
		OPTIONS tick 2 from the following ✓
		Unit 15 Cash Management
		Unit 17 Audit
		Unit 18 Business Tax FA 2006/7*
		Unit 19 Personal Tax FA 2006/7*
Recommended further reading Frank Wood's Business Accounting 10 th Edition		
Volume 1 £35.99		
Volume 2 £35.99		
Total	£	
Postage and packaging		
UK Mainland £15.00		
Rest of the World £42.00		
TOTAL COST	£	

* If you choose the Tax options please state the month and year you wish to sit the assessment

Please note that the following items are **NOT** included in your course fees:

- AAT Annual Subscription fees £63.00
- AAT Examination fees (from £34.00)
- Skills-based assessment fees (from £26.99)
- AAT Admission fee £28.00

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

Expiry date / Issue number Start date (switch only) /

Security Number (last 3 digits on reverse of card)

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

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 _____

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

Over 21 and at least 4 years accounts experience

'A' Levels _____ GNVQ Advanced _____ HND _____ Degree _____ Other Subjects _____

How to enrol

☎ By phone. If you are paying by credit card and have a few minutes to spare (0870 350 1362) or fax 01469 515447
 If your employer has asked to be invoiced please issue an order form.

✉ 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 _____ Invoice No _____