

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: _____

b. Your Employers Details

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

Training Manager's name _____
 Company name _____
 Address _____

 _____ Postcode _____

c. 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. 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	✓	
Paper 2 Information for Management Control	£199		
Paper 3 Maintaining Financial Records	£199		
Paper 4 Accounting for Costs	£199		
Paper 5 Managing People and Systems	£199		
Paper 6 Drafting Financial Statements	£199		
Paper 7 Planning, Control & Performance Management	£199		
Two optional papers from three			
Paper 8 Implementing Audit Procedures	£199		
Paper 9 Preparing Taxation Computations	£199		
Paper 10 Managing Finances	£199		
Postage and packaging			
UK (price per paper)	£9.99		
Rest of the World (price per paper)	£42.00		
TOTAL COST		£	

b. 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 Security Number (last 3 digits on reverse of card) Start date (switch only) /
 Please supply cardholder's name, address and post code if different to that above.

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

c. 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 and cancellation of the 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.

'A' Levels GNVQ Advanced HND Degree Other
 Subjects

STUDENTS OR EMPLOYERS
MUST SIGN SECTION 2c

How to enrol

By phone. If you are paying by credit card and have a few minutes to spare. (0870 350 1362)

If your employer has asked to be invoiced please issue an official order form.

By post. Send your completed enrolment form,

With Payment where appropriate to **Premier Training**, Immingham Resource Centre, Margaret Street, Immingham, NE LINC5 DN40 1IE