

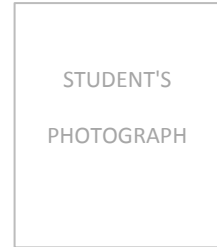
PROFESSIONAL ACCOUNTANCY TUTORS LLP

ENROLMENT FORM - 2017/2018

AAT/ACCA Registration Number: _____

By supplying this information you agree to allow ACCA to disclose your examination results to us.

Please tick here if you do NOT wish ACCA to disclose your results



Personal Details: Surname: _____ First Name: _____ Date of Birth: _____ Address: _____ Postcode: _____ Tel. Work: _____ Tel. Home: _____ Tel. Mobile: _____ Email: _____	Additional Support: Do you require any additional support? YES/NO Are you registered disabled? YES/NO Please specify: _____
Emergency Contact: Name: _____ Relationship: _____ Telephone: _____	Employment Details: Employment Status: _____ Manager's Name: _____ Organisation: _____ Contact Tel.: _____
Previous Qualifications: Please specify: _____	
Ethnicity: (Please tick)	
Asian or Asian British: Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Other asian background <input type="checkbox"/>	Black or Black British: African <input type="checkbox"/> Carribean <input type="checkbox"/> Other black background <input type="checkbox"/>
White: British <input type="checkbox"/> Irish <input type="checkbox"/> Other white background <input type="checkbox"/>	Mixed: White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Other mixed background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other Ethnic Origin <input type="checkbox"/>

Course Details:	Start Date:	Tuition Fees:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Fees are inclusive of all text and materials		Total: _____
<p><u>Please select your preferred mode of study:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>10am - 1pm <input type="checkbox"/></p> <p>6pm - 9pm <input type="checkbox"/></p> <p>Saturday <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: right;"> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> </div> </div>		
<p><u>Please note:</u> You are not enrolled on a course until you have completed the enrolment process and paid the appropriate fees. Admin fee of £50 applies for cancellations before the course has started. No refund will be given after the start date. Fees apply to the current academic year only (1 Sep 2016 - 31 Aug 2017).</p>		

Payment Details:

<u>Account Holders Details</u> (if different from above)	<u>Debit/Credit Card Details</u>
Full Name: _____	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Maestro/Solo <input type="checkbox"/>
Address: _____	Card Number: _____
_____	Expiry Date: _____
Post Code: _____	Security Number: _____

I do authorise Professional Accountancy Tutors LLP to debit my debit/credit card for the amount of

£ _____

Payment Due Date: _____ **Signature:** _____

Declaration: I confirm that the information on this enrolment form is correct and that I have received advice and guidance appropriate to my needs. I confirm that as a student I will comply with all codes and policies of Professional Accountancy Tutors LLP.

Student's Signature: _____ Date: _____

Signed on behalf of Professional Accountancy Tutors LLP

Signature: _____ Date: _____