

ENROLMENT FORM SHORT COURSES

Student details



Name: Mr/Mrs/Ms/Miss

Address:

Mobile.....

Postcode:

Home phone.....

Email

Date of birth.....

Highest qualifications held and date achieved:

Highest Maths and English qualification held and date achieved:

Name of last school/college/university attended and date left:.....

If you have a disability or additional learning needs, please specify:

Please state if you are currently receiving Government funding for any other training?

Is there any specific support you feel we could offer to assist you to access and complete this programme, in particular numeracy and literacy?

Employer details

Firm:

Address:

Post code:

Email address:

Telephone number:

Fax number:

Manager's/Supervisor's name:

Small employer (i.e. less than 25 people)? YES/NO

Please return the enrolment form to:

Accountancy + (Training) Ltd
2nd Floor Gordon Court
4 Craigie Drive
Plymouth
Devon

Tel – 01752 256610
Fax – 01752 256611

COURSE CHOICE

Please tick

ECDL/BCS IT Users Certificate

Maths Refresher

English Refresher

Bookkeeping Training with The
Balancing Act (including AAT
Bookkeeping Award)

Amount required:.....

a)Bookkeeping Training with The
Balancing Act
(Product only)

Amount required:.....

b)Tutor Support only

Amount required:.....

c)Exam only

Amount required:.....

We require the following information for each learner receiving a copy of The Balancing Act.

Name	Email address

CHOICE OF VENUE

Please tick

Plymouth

Exeter

Taunton

PAYMENT OPTIONS

LSC funding:	Where possible A+ will assist in obtaining funding.	Please tick <input type="checkbox"/>
Fees payable:	Please complete the relevant Authorisations below and arrange payment as follows:	<input type="checkbox"/>
Payment Method:		
Cheque:	I enclose a cheque for the full amount.	<input type="checkbox"/>
Credit Card:	I would like to pay by Credit Card. Please telephone Lynda McCully with your details or attach your completed mandate. ⁽¹⁾	<input type="checkbox"/>
Invoice:	Please invoice my employer.	<input type="checkbox"/>

⁽¹⁾ A copy of these mandates can be obtained at www.aplustraining.co.uk. Alternatively, please contact Lynda McCully at A+ who will send you a form.

Authorisation

Please supply me with the course indicated on page 2. Please complete either 1 and/or 2 below:

Student

- I have completed the payment method above.
I have read and agree to A+ terms and conditions. (Terms and Conditions found on A+ Website, alternatively hard copies can be sent via post)
I give A+ permission to monitor my activities on the student resources website "Moodle".

Signed:..... Date:.....

Employer only

- I understand that LSC funding is available for (insert student name)

Please invoice me for the fees indicated:- £.....

I also understand that:

- A+ will attend these premises in order to complete the necessary paperwork to obtain the funding and that I will need to be available to sign this paperwork.
- A+ will carry out a health and safety review at these premises and I confirm that any actions resulting from this review will be attended to.
- A+ will attend these premises at least once every 12 weeks in order to review the learners progress.

I confirm the business holds public liability insurance.

I have read and agree to A+ Limited terms and conditions.
(Terms and Conditions are on the A+ Website. Alternatively hard copies can be sent via post)

Signed:..... Date:.....

Print Name: Mr/Mrs/Ms/Miss State Position:.....