

ICAEW (ACA/CFAB) **National Enrolment form**



For advice on completing this form or about your course, please contact our Student Services team Please complete all parts of this form in BLOCK CAPITALS

1 Your details							
Mr/Mrs/Ms/Miss Surname Forename(s)	Have you previously studied with Kaplan Financial? Yes/No If yes, please provide your Kaplan reference:						
Date of birth / / Address for correspondence	If no, where did you previously study?						
Postcode	Additional learning support (Please circle your answer)						
Country Home phone Mobile Work phone	Do you consider yourself to have a learning difficulty, disability or health problem? Yes/No						
Please provide an email address you have access to during and outside office hours.	If yes, do you require any additional support? Yes/No						
All communications, including those relating to your MyKaplan online resources, will be sent to this email address.	Please provide sufficient details to enable us to give you the required level of support during your course. All information will be treated as strictly private and confidential.						
Email address	Please select the option which best describes your ethnic origin:						
ICAEW (ACA) registration number	White British White Irish White other Black British Black African						
Note: It is your responsibility to complete the ICAEW (ACA) registration formalities and enter the ICAEW (ACA) examinations.	Black Caribbean Black other Asian British Asian Indian Asian Pakistani						
	Asian Bangladeshi Chinese Asian other Mixed African Mixed Caribbean Mixed Asian Mixed other Other origin Unknown Undisclosed						
2 Your employer's details							
Company name	Training manager's name Mr/Mrs/Ms/Miss						
Company registration number							
Work address	Training manager's telephone number						
	Training manager's email address						
Postcode							

3a Manual payment option 1 – Your employer is sponsoring you

If you wish to submit a manual enrolment form and the employer is responsible for the payment of fees, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due to Kaplan Financial on receipt of invoices, unless credit facilities with Kaplan Financial have been granted in respect of the student and undertake to inform you in writing promptly of any change to this arrangement. We understand that we are fully responsible for the payment of amounts due to Kaplan Financial in all circumstances (including termination of employment or course cancellation). We confirm that we have read, understood and accept the terms and conditions and Policies (as defined below) detailed on www.kaplan.co.uk

Employer's signature	Invoice address (if different to the employer address shown)						
Name	Contact name						
Do you require Kaplan to quote a purchase order number on the invoice: Yes / $\ensuremath{\text{No}}$	Address						
If yes, please provide purchase order number:							
Kaplan customer number (if known) C _	Postcode						

3b

Please tick which of the options apply

I enclose a cheque for £ _

____ made payable to Kaplan Financial Limited.

I wish to pay by Credit/Debit card. Please note we are unable to accept card details on this form due to data protection. We will call you once we have received your form to take payment.

Contact number:

For any enquiries regarding your booking, please telephone 0161 259 7400.



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Your study materials (Address required if you're enrolling on a Tuition or OnDemand course. A signature will be required upon delivery) Please deliver to: Address: My home address My employer's address Or an alternative delivery address (if applicable include address in space opposite) Postcode 5a Your course selection: Certificate Level (Please check dates, times, course offerings and fees on Kaplan website before completing this table) Live Online Classroom Exempt from Price Start Month OnDemand **Centre Location** CBE Date Course Course Start subject (inc. VAT) Start Date Date Accounting Example: Assurance 01/09/23 03/09/23 ~ 02/05/23 £xxx • Law \square \square

5b	Your co	urse selectio	n: Profess	ional /Advance	d (Please c	heck dates,		rse offerings	and fees or	n <mark>Kaplan v</mark>	<mark>vebsite</mark> be	fore completii	ng this table)
			Tuition		Exam Prep			Resit	Recorded Online				
L	evel	Subjects	Sitting	Centre Location	Classroom Course Start Date	Live Online Course Start Date	OnDemand	Classroom Course Start Date	Live Online Course Start Date	OnDemand	Is this a resit?	Recordings only - yes/no (for BPB/BPI)	Price (inc. VAT)
Profess Advance		• FARI • AA • TC • BST	June	Birmingham	09/01/23	09/03/23	r	01/11/23	11/03/23	~	No	No	£xxx
													£
													£
													£
													£
													£
													£
 UK = £7.20 per subject									£				
Total	Course	Fees		£			Isle of Man (IOM) = £30 per subject EU = £35 for the first subject then £30 for any subsequent subjects					£	
iota	Course	1 663		2			Rest of the world = £50 per subject £						£

Your signature I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.kaplan.co.uk 1. What is your nationality: Date 2. Do you depend on a visa to reside in the UK Yes / No Student signature

aterials are provided by **Kaplan Publishing Limited**, included in our course fees and made available to you f first day of your course. Kaplan Financial acts as agent in collecting such amounts. Where applicable you w e online access to MyKaplan Resources, Tests and Performance Monitoring,via **www.mykaplan.co.uk**

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To submit your enrolment form, please email: aca@kaplan.co.uk

Alternatively you can book by phone on: 0161 259 7400 (UK customers, card payments only)