

For advice on completing this form or about your course, please contact our Student Services team

+44 (0)161 259 7400

Please complete all parts of this form in BLOCK CAPITALS

1 Your details

Mr/Mrs/Ms/Miss Surname _____

Forename(s) _____

Date of birth / / Address for correspondence _____

Postcode _____

Country _____ Home phone _____

Mobile _____ Work phone _____

Please provide an email address you have access to during and outside office hours. All communications, including those relating to your MyKaplan online resources, will be sent to this email address.

Email address _____

ICAEW (ACA) registration number _____

Note: It is your responsibility to complete the ICAEW (ACA) registration formalities and enter the ICAEW (ACA) examinations.

Have you previously studied with Kaplan Financial? Yes/No

If yes, please provide your Kaplan reference: _____

If no, where did you previously study? _____

Why did you decide to study with Kaplan Financial? _____

Additional learning support (Please circle your answer)

Do you consider yourself to have a learning difficulty, disability or health problem? Yes/No

If yes, do you require any additional support? Yes/No

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.

Please select the option which best describes your ethnic origin:

White British White Irish White other Black British Black African
 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 _____

Training manager's telephone number _____

Work address _____

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 / No _____

Address _____

If yes, please provide purchase order number: _____

Kaplan customer number (if known) – _____

Postcode _____

3b Manual Payment Option 2 - Cheque / Card

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**.

Please deliver to:

Address: _____

My home address My employer's address

Or an alternative delivery address (if applicable include address in space opposite)

Postcode _____

Postcode _____

Subjects	Classroom Course Start Date	Start Month	Live Online Course Start Date	OnDemand	Centre Location	CBE Date	Exempt from subject	Price (inc. VAT)
• Accounting Fundamentals • Tax Fundamentals • Business Law	01/09/23		03/09/23	✓		02/05/23		£xxx
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				

6 Your signature

1. What is your nationality:

2. Do you depend on a visa to reside in the UK

Yes / No

I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.kaplan.co.uk

ate

Student signature

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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)