

Business and Professional Development Courses

Application 2009/10

Shaping your future

Applicants detailsName: *(Mr, Miss, Mrs, Ms, Dr.)* _____

Address: _____

Post Code: _____

Tel No. (Home): _____ Mobile: _____

Email address (Home): _____

Employer details

Employer's name: _____

Contact name at work: _____

Address: _____

Post Code: _____

Email: _____ Tel: _____

Payment**Please complete as appropriate** *(please note that if you do not indicate a preference all invoices will be sent you personally).*All invoices will be sent out following enrolment *(please tick as appropriate)*

- Please invoice my employer/training provider
- Please invoice me (at the above address)
- I am in receipt of Means Tested benefit and may be eligible for concessions on tuition fees

If your employer is paying your course fees, an authorised signature is required.

Signature: _____

Name: _____ Position in company: _____

Health problems or any Special Needs

So that we can make reasonable adjustments to support you in your learning, we need you to disclose information regarding any disability you may have. We will only use this information for your potential benefit and will respect the confidential nature of what you tell us.

I would like to discuss my health problems / specific needs Yes No

If you have ticked 'yes', please give an indication of the support required: _____

Data Protection

The information you have given in this document will be treated as confidential and any personal information you have supplied will not be passed on to a third party without your consent. Statistical information may be collected and analysed in accordance with the Learning and Skills Council requirements. The LSC is registered under the Data Protection Act 1998.

I have read the above statement on the College / LSC's use of data personal to me and I agree to such data about me being used as described.

I have read and agree to comply with our terms and conditions stated in the prospectus.

Signed: _____ **Date:** _____**Please complete parts B, C or D as appropriate**

Please ensure that you have completed Part A

Please tick the level/course you wish to study for 2009/10. The closing date for applications is 28th August 2009 (late applications may be considered).

KEY: DR: Day Release AE: Afternoon/Evening EV: Evenings MO: Morning Only

Association of Accounting Technicians (AAT)

Mode of Study

	DR	AE	EV	MO
Foundation Level (NVQ 2)/Certificate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Level (NVQ3)/Advanced Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intermediate/Advanced Certificate fastrack (January start)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technician (NVQ 4)/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Technician (NVQ 4)/Diploma (2 year option)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Will this course be part of the Learning Skills Council [LSC] Advanced Apprentices Programme?
(This will affect the level of fees charged) Yes No

Name of training provider: _____

Date of birth (if under 26): _____

Institute of Leadership and Management (ILM)

	Level 3	Level 4
Award in First Line Management	<input type="checkbox"/>	<input type="checkbox"/>
Certificate in First Line Management	<input type="checkbox"/>	<input type="checkbox"/>

Foundation Degree

Please send further information on:

	Part-time	Full-time
Business and Management	<input type="checkbox"/>	<input type="checkbox"/>
Sports Development and Coaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Courses

Please specify courses you are interested in:

Please ensure that you have completed Part A

Please tick the subjects you wish to study for 2009/10. The closing date for applications is 28th August 2009 (late applications may be considered).

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Association of Chartered Certified Accountants (ACCA)

			<u>Mode of Study</u>	
<u>Knowledge</u>			DR	AE
F1	Accountant in Business	(AB)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F2	Management Accounting	(MA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F3	Financial Accounting	(FA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
 <u>Skills 1</u>				
F4	Corporate and Business Law	(CL)	<input type="checkbox"/>	<input type="checkbox"/>
F5	Performance Management	(PM)	<input type="checkbox"/>	<input type="checkbox"/>
F6	Taxation	(TX)	<input type="checkbox"/>	<input type="checkbox"/>
 <u>Skills 2</u>				
F7	Financial Reporting	(FR)	<input type="checkbox"/>	<input type="checkbox"/>
F8	Audit and Assurance	(AA)	<input type="checkbox"/>	<input type="checkbox"/>
F9	Financial Management	(FM)	<input type="checkbox"/>	<input type="checkbox"/>
 <u>Essentials</u>				
P1	Professional Accounting	(PA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P2	Corporate Reporting	(CR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P3	Business Analysis	(BA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
 <u>Options, choose two from:</u>				
P4	Advanced Financial Management	(AFM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P5	Advanced Performance Management	(APM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P6	Advanced Taxation	(ATM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ACCA student registration number: _____

Date of Birth: _____

I agreed that this information may be shared with ACCA Yes No

Signature: _____

Please ensure that you have completed Part A

Please tick the subjects you wish to study for 2009/10. The closing date for applications is 28th August 2009 (late applications may be considered).

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Chartered Institute of Management Accountants (CIMA)

	<u>Mode of Study</u>	
	MO	AE
<u>Certificate Fundamentals of:</u>		
CO1 Management Accounting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO2 Financial Accounting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO3 Business Mathematics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO4 Business Economics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO5 Ethics, Corporate Governance and Business Law	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Operational Level</u>		
E1 Enterprise Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P1 Performance Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F1 Financial Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Management Level</u>		
E2 Enterprise Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P2 Performance Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F2 Financial Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Strategic Level</u>		
P3 Enterprise Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P3 Performance Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F3 Financial Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>TOPCIMA</u>		
	<u>Mode of Study</u>	
	Nov (MO)	May (MO)
T4 Case Study	<input type="checkbox"/>	<input type="checkbox"/>

CIMA student registration number: _____

Date of Birth: _____

I agreed that this information may be shared with CIMA Yes No

Signature: _____