

AAT COURSE Booking Form (AQ2016)

1. YOUR DETAILS

Surname	_____	Home Address	_____
Forename	_____		_____
Date of Birth	_____		_____
AAT Membership No	_____	Postcode	_____
Email (Home)	_____	Mobile	_____
Email (Work)	_____	Telephone	_____

I have read and consent to the terms and conditions and privacy policy as displayed on the iCount website

2. COURSE REQUIREMENTS (please select and specify date/time)

Full level with Exams
 Full Level
 Unit Only
(tick appropriate)

LEVEL 2 (AQ2016)	LEVEL 3 (AQ2016)
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		£			£		
<input type="checkbox"/>	PM / EVE	Bookkeeping Transactions	340	<input type="checkbox"/>	AM / PM / EVE	Management Accounting: Costing	440
<input type="checkbox"/>	PM / EVE	Bookkeeping Controls	280	<input type="checkbox"/>	AM / PM / EVE	Advanced Bookkeeping	400
<input type="checkbox"/>	PM / EVE	Elements of Costing	280	<input type="checkbox"/>	AM / PM / EVE	Final Accounts Preparation	280
<input type="checkbox"/>	PM / EVE	Computerised Accounting	150	<input type="checkbox"/>	AM / PM / EVE	Indirect Tax	280
<input type="checkbox"/>	PM / EVE	Synoptic	280	<input type="checkbox"/>	PM / EVE	Synoptic	300

LEVEL 4 (AQ2016)

		£	
<input type="checkbox"/>	PM / EVE	Financial Statements of Limited Companies	550
<input type="checkbox"/>	PM / EVE	Management Accounting: Budgeting	300
<input type="checkbox"/>	PM / EVE	Management Accounting: Decision & Control	380
<input type="checkbox"/>	PM / EVE	Synoptic	330

LEVEL 4: OPTIONAL UNITS - CHOOSE 2 FROM 5
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		£			£		
<input type="checkbox"/>	DAY RELEASE	Business Tax	450	<input type="checkbox"/>	AM	External Auditing	380
<input type="checkbox"/>	PM / EVE	Credit Management	270	<input type="checkbox"/>	EVE	Cash & Treasury Management	380
<input type="checkbox"/>	DAY RELEASE	Personal Tax	300				

3. EMPLOYER (please complete this section if your employer is paying for your course)

Manager Name	_____	Billing Address	_____
Manager Email	_____		_____
Telephone	_____		_____
PO Number	_____	Manager's Signature	_____

I consent to feedback on my progress being provided to my employer at their request

4. OTHER PAYMENT

If you are paying card, we will contact you. Please leave preferred number _____

5. OUR CONTACT DETAILS

Please send your completed booking form to:

Email: study@icounttraining.com

Post: 16th Floor Manchester One, Portland Street, Manchester M1 3LD