

## 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)			
			£				£
<input type="checkbox"/>	Day Release / EVE	Bookkeeping Transactions	395	<input type="checkbox"/>	Day Release / EVE	Management Accounting: Costing	440
<input type="checkbox"/>	Day Release / EVE	Bookkeeping Controls	325	<input type="checkbox"/>	Day Release / EVE	Advanced Bookkeeping	405
<input type="checkbox"/>	Day Release / EVE	Elements of Costing	300	<input type="checkbox"/>	Day Release / EVE	Final Accounts Preparation	300
<input type="checkbox"/>	Day Release / EVE	Computerised Accounting	215	<input type="checkbox"/>	Day Release / EVE	Indirect Tax	300
<input type="checkbox"/>	Day Release / EVE	Synoptic	325	<input type="checkbox"/>	Day Release / EVE	Synoptic	455

LEVEL 4 (AQ2016)			
			£
<input type="checkbox"/>	Day Release / EVE	Financial Statements of Limited Companies	525
<input type="checkbox"/>	Day Release / EVE	Management Accounting: Budgeting	350
<input type="checkbox"/>	Day Release / EVE	Management Accounting: Decision & Control	480
<input type="checkbox"/>	Day Release / EVE	Synoptic	445

LEVEL 4: OPTIONAL UNITS - CHOOSE 2 FROM 5							
			£				
<input type="checkbox"/>	Day Release / Online	Business Tax	450	<input type="checkbox"/>	Day Release / Online	External Auditing	395
<input type="checkbox"/>	Day Release / Online	Credit Management	335	<input type="checkbox"/>	Day Release / Online	Cash & Treasury Management	425
<input type="checkbox"/>	Day Release / Online	Personal Tax	375				

## 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