



ACCOUNTING SKILLS TRAINING UK LTD

**COURSE APPLICATION FORM**

**Candidate's Name:**.....

**Ref:** .....

*Please tick ✓ to indicate your choice*

**Institute of Financial Accountants (IFA):** Technician  Associate  Fellow

**ACCA Certified Accounting Technician:** Introductory  Intermediate  Advanced

**ACCA Post Professional Qualifications:** Dip.FM  Dip.IFR

**Certificate in Manual Book-keeping:** Level 1  Level 2

**Diploma in Accounting:** Level 3 Diploma  Level 4 Diploma

**Diploma in Computerised Accounting:** Level 1  Level 2  Diploma

**Combined Diploma In Manual and Computerised Accounting:**  
Level 1  Level 2  Diploma

**Diploma in Manual/Computerised Payroll:** Level 1  Level 2  Diploma

**L3 Diploma in Small Business Financial Management (Dip.SBFM):**

**L3 Certificate in Finance for Non Financial Managers:**

**L2 Certificate in Business Enterprise (QCF):**

L2 Diploma in Personal Finance:

L3 Diploma in Business Law:

L3 Diploma in Cost and Management Accounting:

L4 Diploma in Personal and Business Tax:

***You will have the opportunity to discuss other options at your interview.***

**Your career aims:** .....

**GUIDANCE**

If you are uncertain about the course options available, cannot make up your mind, or require guidance on other issues relating to your choice of course, our Student Support Advisers are able to offer clear unbiased advice.

**Please tick this box if you wish to speak to a Student Support Adviser**

**Please complete and return to:**  
**The Director**  
**Accounting Skills Training UK Ltd, P. O. Box 7454, 40 Pendleside Way, Derby DE1 0JS**  
**Tel/Fax: +44 (0)1332 540774 Mobile: +44 (0)7776 350796**  
**E-mail: [kwame@astuk.co.uk](mailto:kwame@astuk.co.uk) Web: [www.astuk.co.uk](http://www.astuk.co.uk)**

**IMPORTANT**

Please complete this form as fully as possible to allow accurate processing. If you require any further information about applying for these courses, please call one of our Student Support Advisers on 01332 540774 or 07776350796.

**ABOUT YOUR APPLICATION**

How did you first hear about Accounting Skills Training UK Ltd? (please tick)

- Friends/family       Advertising       Library       Job Centre       Careers Service
- Internet       Previous course       Other (please state)

**ABOUT YOU**

Title (please tick) Mr       Mrs       Miss       Ms

Surname ..... First name (in full) .....

Other name(s) (in full) .....

Address .....

.....

..... Postcode .....

Telephone number: home/work ..... Date of birth .....

Gender: male/female       Nationality ..... National Insurance number .....

**YOUR EMPLOYMENT HISTORY**

Are you currently employed?      Yes  No

If unemployed, from what date? ..... Are you in receipt of benefits? .....

If so, which? .....

Please provide details of your present employer, or last employer if you are currently unemployed:

Name of company ..... Contact at company .....

Your job title ..... Department .....

Address .....

..... Postcode .....

Full/part-time ..... Dates of employment: From ..... to .....

**PLEASE NOTE:** Your employer may be asked to provide a reference before you enrol. If you do not wish your employer to be approached at this time for a reference, please tick this box

**YOUR SCHOOL/COLLEGE HISTORY**

Please provide details of any schools or colleges attended in the past three years, with dates.

School ..... From ..... To .....

School ..... From ..... To .....

School ..... From ..... To .....

School ..... From ..... To .....

**YOUR QUALIFICATIONS**

Examinations taken and passed, or those for which you are awaiting results, including professional qualifications, eg GCSEs, A levels, GNVQ, RSA, AVCE etc.

| Year taken | Subject | Level | Grade |
|------------|---------|-------|-------|
|            |         |       |       |
|            |         |       |       |
|            |         |       |       |

Please continue on a separate sheet if necessary. You will be expected to show certificates at interview/enrolment.

Have you ever applied to this organisation before? (please delete as applicable) Yes/No

If YES, when? ..... Were you accepted on a course then? Yes/No

**EQUAL OPPORTUNITIES**

The organisation is committed to ensuring equality for all current and potential students irrespective of their age, race, gender, special educational needs, religion or marital status.

Do you have any physical or learning disability? (please tick) Yes  No

If YES to the above, please describe the nature of the condition  
Please indicate if you need any special equipment(s)

*This information is confidential and will only be used to provide appropriate support for you during your training with us.*

This question serves to assess the extent of representation of ethnic groups in relation to our equal opportunities policy. How would you describe your ethnic background? (please tick)

- White
- Black
- Not provided
- Asian
- Other (please specify) \_\_\_\_\_

**RESIDENCY**

Have you been resident in the UK/European Union for the last three years? Yes  No

If no, please specify the date you came to live in the UK/European Union .....

**REGISTRATION FEES**

- Select one of the following:
- Invoice my employer – please attach Employer’s Letter Yes  No
  - I have enclosed the 60% minimum course deposit Yes  No

**£600 of the course deposit is *not refundable under any circumstances* and will be set against any fees payable. Unless specified, fees do not include the cost of any additional set books you may need to purchase or any registration or examination fees to awarding bodies.**

**DECLARATION**

The information provided is correct to the best of my knowledge. I hereby give explicit consent to process the information submitted in this application under the terms of the Data Protection Act 1998.

**APPLICANT’S SIGNATURE** .....

**Date** .....