



ACCOUNTING SKILLS TRAINING UK LTD

COURSE APPLICATION FORM

Candidate's Name:.....

Ref:

Please tick ✓ to indicate your choice

Institute of Financial Accountants (IFA): Diploma Professional

ACCA Certified Accounting Technician: Introductory Intermediate Advanced

ACCA Post Professional Qualifications: Dip.FM Dip.IFR

IAB Manual Book-keeping: Level 1 Level 2 Level 3

IAB Computerised Book-keeping: Level 1 Level 2 Level 3

IAB Manual Payroll: Level 1 Level 2 Level 3

IAB Computerised Payroll Level 2 Level 3

Computerised Accounting for Business Level 1 Level 2 Level 3

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, Suite 35 Rosehill Business Centre, Normanton Road, Derby. DE23 6RH
Tel/Fax: +44 (0)1332 299166 Mobile: +44 (0)7776 350796
E-mail: kwame@astuk.co.uk Web: 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 299166 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 Asian
 Black Other (please specify)
 Not provided _____

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

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