

Please complete the form in BLOCK capital letters using black ink.

Personal Details					
Title		First Name(s)			
Surname		Nationality			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>
Date of Birth	<input type="text" value="DD/MM/YYYY"/>	Place of Birth			
Current Address			Permanent Address		
	Post Code			Post Code	
Tel No:			Tel No:		
E-mail:					

Course Title (Please write the course name for which you are applying for)			
ACCA <input type="checkbox"/>		CAT <input type="checkbox"/>	
Part One		Introductory	
1.1 Preparing Financial Statements <input type="checkbox"/>		1. Recording Financial Transactions <input type="checkbox"/>	
1.2 Financial Information for Management <input type="checkbox"/>		2. Information for Management Control <input type="checkbox"/>	
1.3 Managing People <input type="checkbox"/>		Intermediate	
		3. Managing Financial Records <input type="checkbox"/>	
		4. Accounting for Costs <input type="checkbox"/>	
Part Two		Advanced	
2.1 Information Systems <input type="checkbox"/>		5. Managing People & Systems <input type="checkbox"/>	
2.2 Corporate & Business Law <input type="checkbox"/>		6. Drafting Financial Statements <input type="checkbox"/>	
2.3 Business Taxation <input type="checkbox"/>		7. Planning Control & Performance Management <input type="checkbox"/>	
2. 4 Financial Management & Control <input type="checkbox"/>		Any two	
2.5 Financial Reporting <input type="checkbox"/>		8. Implementing Audit Procedures <input type="checkbox"/>	
2.6 Audit & Internal Review <input type="checkbox"/>		9. Preparing Taxation Computations <input type="checkbox"/>	
		10. Managing Finances <input type="checkbox"/>	

Declaration	
I confirm that the information in this form is true, complete and no information requested or other material information has been omitted/altered. I undertake to bound by the terms as summarized in the prospectus and agree to abide by the full regulations. I give my consent to the processing of my data by the college.	
Applicant's Signature <input type="text"/>	Date <input type="text" value="DD/MM/YYYY"/>

For Office Use only		
Class Timings (Which time would you prefer for your classes, please specify as 1st, 2nd and 3 rd)		
Weekdays <input type="checkbox"/>	Evening <input type="checkbox"/>	Weekends <input type="checkbox"/>