

		Course Fee	"X"
<b>Certificate Level</b>			
Fundamentals of Management Accounting	C01	400	
Fundamentals of Financial Accounting	C02	tba	
Fundamentals of Business Mathematics	C03	400	
Fundamentals of Business Economics	C04	400	
Fundamentals of Ethics, Corporate Governance & Business Law	C05	tba	
<b>Operational Level</b>			
Enterprise Operations <i>Includes Revision</i>	E1	625	
Performance Operations <i>Includes Revision</i>	P1	625	
Financial Operations <i>Includes Revision</i>	F1	625	
<b>Management Level</b>			
Enterprise Management <i>Includes Revision</i>	E2	625	
Performance Management <i>Includes Revision</i>	P2	625	
Financial Management <i>Includes Revision</i>	F2	649	
<b>Strategic Level</b>			
Enterprise Strategy	E3	tba	
Performance Strategy	P3	tba	
Financial Strategy	F3	tba	
TOPCIMA	T4	tba	

NOTE: put an "X" in the appropriate column to select your subjects.

*All fees include a text book and, where appropriate, a revision kit*

<b>TOTAL PAYABLE</b>	
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT name

\_\_\_\_\_  
Date

Please complete both pages of this form and send with a cheque made payable to "aam training limited" to the address shown on the Enrolment page . If your employer is paying we will issue an invoice payable within 30 days of the invoice date or prior to attendance if this is earlier.

## ENROLMENT FORM : CIMA COURSES

Send To :

**aam training ltd**  
46 Charmouth Road  
St Albans  
Herts  
AL1 4SN

web : www.aamtraining.com  
email : info@aamtraining.com  
tel : 0845 226 3301

### YOUR DETAILS *(please complete clearly)*

Surname \_\_\_\_\_ First name \_\_\_\_\_ Title \_\_\_\_\_

Postal address \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Home tel \_\_\_\_\_ Work tel \_\_\_\_\_ Mobile \_\_\_\_\_

CIMA number \_\_\_\_\_ Date of birth \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Tel. No \_\_\_\_\_

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### YOUR EMPLOYERS DETAILS *(this section is optional if you are self-funding)*

Employer name \_\_\_\_\_

Employer's postal address \_\_\_\_\_

Postcode \_\_\_\_\_

Person you report to \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_

Purchase order number \_\_\_\_\_

As employers, we accept responsibility for the payment of fees due on receipt of the invoice that will be issued in respect of this enrolment form.

Signature of manager \_\_\_\_\_ Date \_\_\_\_\_

*Unless otherwise notified, information regarding attendance and performance may be sent to your employers if requested by them.*