

MCT Advanced Diploma Enrolment Form

TREASURY, RISK
AND FINANCE
PROFESSIONALS

ACT

Section 1: Enrolment Details

Yes, please enrol me on the MCT Advanced Diploma qualification which will start in:

March 2012 - enrolment deadline 15 February

Course:

Online with online tutorials Online with face-to-face tutorials

Course fees: (discounted rate applicable until 15 February 2012)

	Net	VAT	Gross	Tick
Complete course	£7650.00 £5737.50	£1530.00 £1147.50	£9180.00 £6885.00	<input type="checkbox"/>

PLEASE NOTE IF YOU ARE NOT AN ASSOCIATE MEMBER, YOU WILL BE INVOICED FOR A STUDENT SUBSCRIPTION WHILE STUDYING FOR MCT

Section 2: Personal Details

Title: (Mr/Mrs/Ms/Other)

First name:

Family name:

Preferred name: (if different from above)

Company:

Job title:

Preferred mailing address: Please indicate whether this is your Business address Home address

Postcode/zip:

Country:

Email:

Tel:

PLEASE NOTE WE CANNOT PROCESS YOUR ENROLMENT FORM WITHOUT A VALID EMAIL ADDRESS

Section 3: Payment Details

Please choose one of the following payment options:

1) I enclose a cheque made payable to ACT (Administration) Ltd.

2) Please charge my Visa / Amex / Mastercard / Maestro.

Card number

Expiry date Issue number (Maestro only)

Cardholder name and address: (if different from above)

3) Please invoice my company. Please provide a purchase order number: (if required)

Invoice name and address: (if different from above)

Our payment terms are 21 days from invoice date. Please ensure you complete the above section to ensure your invoices are addressed correctly. Your online registration details will only be sent upon receipt of course fees in full.

Section 4: Financial Support

Please indicate the extent to which your studies are sponsored by your employer by ticking one box only:

Not Sponsored Company Sponsored Partly Company Sponsored

Section 5: Supplementary Information

Please could you indicate where you first heard about this qualification:

- Postal Mail
 Work Colleague
 Email
 Line/Training Manager
 ACT Website
 LinkedIn
 Other (please state) _____

If applicable, who is your: **Training Manager**

Name: _____ **Tel:** _____ **Email:** _____

- PLEASE NOTE. The information you provide for your training will be held on a database and may be used by the ACT to contact the named individual about relevant ACT products and services. If you do not wish the above details to be used for this purpose please tick the box.

This column reflects your **EMPLOYER'S** main trading sector.
Please tick **ONE** box only.

Business Categories		✓
38	Aerospace/Defence	
01	Agriculture/Forestry/Fishing	
02	Banking	
03	Charities	
04	Chemical Industry	
05	Construction/Building/Civil Engineering	
06	Consultancy	
07	Corporate Finance	
08	Distributive Trades	
09	Education/Training	
10	Electronics/Telecommunications	
11	Engineering/Machinery	
12	Financial Services	
13	Food/Drink/Tobacco	
14	Gas/Electricity/Water	
15	Health/Medical Services	
16	Hotel/Catering/Leisure/Tourism	
17	Housing Associations	
33	Industrials	
18	IT – hardware and software	
42	IT – ISPs, solution and e-business provider	
19	Insurance	
37	Legal Services	
20	Local/Central Government Agencies	
21	Media Arts/Entertainment/Publishing	
22	Mining/Oil/Gas	
23	Other Manufacturing Industry	
24	Other Service Industry	
43	Personal Care and Household Products	
32	Pharmaceuticals	
25	Printing/Packaging	
26	Professional/Regulatory Bodies/Financial Inst	
44	Telecoms/Post	
27	Property	
28	Public Accounting Practice	
41	Recruitment	
29	Retail	
30	Textiles	
31	Transport	
40	Other	

This column reflects **YOUR** main area of work.
Please tick **ONE** box only.

Areas of Work		✓
01	Treasurer/Deputy Treasurer	
02	Treasury Dealer	
03	Treasury Manager	
04	Other Treasury Related	
05	Financial Director/Controller	
06	Legal and Tax Advisor/Co. Secretarial/Audit	
07	Other Finance and Accounting	
08	Other Corporate Management	
09	Corporate Banking	
10	Bank Dealer/Sales Person	
11	Corporate Finance and Advisory	
12	Treasury Consultant	
13	Other Business Service Providers	
14	Career Break/Unemployed	
15	Retired	
16	Other	

This section reflects your level of education.
Please tick **ALL APPLICABLE**.

Academic Qualifications		✓
01	GCSE/A-level	
02	HND/Degree	
03	MBA/Master/PHD	
04	Other	
Professional Qualifications		✓
05	ACCA	
06	CIMA	
07	ICAEW	
08	ICAI	
09	ICAS	
10	Other CA	
11	CIPFA	
12	CPA	
13	Other Accounting	

Section 6: Data Protection

The information provided in this form will be used by the ACT to administer the qualification(s). In registering for this qualification you agree that the ACT may provide your contact details to our preferred tuition providers to keep you informed of relevant tuition courses. The information you provide will be used to keep you informed of other ACT products and services. Please tick this box if you do NOT wish to receive this information.

The ACT may be approached by current employers to give a student's name, contact and examination details. Please tick this box if you do NOT want this information to be released to your employer.

Please complete this form and return to the ACT:

Fax to: +44 (0)20 7374 8744

Post to: The Education Department, ACT, 51 Moorgate, London EC2R 6BH, UK

For further information please call: +44 (0)20 7847 2540