

Exam Entry Form



**Aspire
Accountancy
School**

PERSONAL DETAILS

Name:

Date of Birth:

Address:

Email:

Contact Number:

EXAM DETAILS

AAT Membership No:

AAT Framework:

Exam Unit Title:

Exam Unit Code:

Date of Exam:

EMPLOYER DETAILS (to be completed only if someone else is paying your exam fee)

Name of person paying exam fee:

Contact email:

Contact Number:

Work Postal Address:

DISTANCE LEARNING PROVIDER DETAILS (if applicable)

Name of Provider:

Provider contact email:

Provider contact number:

CONTINUE OVERLEAF

Aspire Accountancy School reserves the right to refuse an exam to be taken.
Please note it is our policy that any suspicion of malpractice will be reported to AAT immediately

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Please be aware payment for any exam must be made in full 5 working days prior to sitting the exam. Strictly no refund or transfer will be permitted if less than 5 working days notice of non-attendance is given.

Sort code: 40-47-31

Account no: 54743687

You must bring photographic ID (driving licence or passport) with you.
Failure to do so may result in not being able to sit the exam.

TO COMPLY WITH GENERAL DATA PROTECTION REGULATIONS IT IS IMPORTANT YOU COMPLETE THE FOLLOWING

I agree to this information being held and used by Aspire Accountancy School to enable me to complete my studies.

I understand and agree that Aspire Accountancy School are required to maintain records including attendance registers and exam results and that this information may be shared with relevant awarding, funding and other bodies.

Aspire Accountancy School will not hold any information that is not necessary.
We will not share information with other third parties without your permission.

EMPLOYER DETAILS (to be completed only if someone else is paying your exam fee)

Student Name:

Student signature:

Payee Name:

Payee Signature:

Date:

Thank you for choosing Aspire Accountancy School.

Please email the form to: info@aspireaccountancyschool.co.uk

To contact us please call: **07940 171408 / 07902 818748**