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| ACA Course Booking form |
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| Name: | <insert name here> |
| Tax Year: | 24/25 |
| Date form Completed:  |  |

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1. This form must be approved by all parties above before you book on to the course/ exam.
2. It is your responsibility to book on to the course and exam as soon as possible.
3. Examinations must be sat at the closest examination centre and are **under no circumstances** allowed to be sat from home or in the office.
4. All courses should be sat via Live Online or classroom (where this is available locally).
5. No more than 4 examinations (excluding re-sits) should be sat in one year, unless special circumstances prevail. Students should re-sit exams before moving on to a new course.

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| **ACA** | **PASSED** | **EXEMPT** | **DATE** |
| AC (cert) |[x] [ ]  Click or tap to enter a date. |
| AS (cert)  |[ ] [ ]  Click or tap to enter a date. |
| BTF (cert) |[ ] [ ]  Click or tap to enter a date. |
| PTX (cert)  |[ ] [ ]  Click or tap to enter a date. |
| MI (cert)  |[ ] [ ]  Click or tap to enter a date. |
| LAW (cert) |[ ] [ ]  Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. |
| FAR (pro) |[ ] [ ]  Click or tap to enter a date. |
| AA (pro) |[ ] [ ]  Click or tap to enter a date. |
| TC (pro)  |[ ] [ ]  Click or tap to enter a date. |
| FM (pro)  |[ ] [ ]  Click or tap to enter a date. |
| BPT (pro) |[ ] [ ]  Click or tap to enter a date. |
| BST (pro) |  |  |  |
|  |  |  | Click or tap to enter a date. |
| CR (Adv) |[ ] [ ]  Click or tap to enter a date. |
| SMB (Adv)  |[ ] [ ]  Click or tap to enter a date. |
| ACS (Adv) |[ ] [ ]  Click or tap to enter a date. |

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| **PLEASE TYPE YOUR PROPOSED STUDY PLAN FOR THIS YEAR** |
|  | **Title**  | **Study Dates** | **Exam sitting date** |
| **Exam 1** |  |  |  |
| **Exam 2**  |  |  |  |
| **Exam 3** |  |  |  |
| **Exam 4** |  |  |  |
| **Re-sit** |  |  |  |

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| **HR APPROVAL**  |
| **Signature****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­** |
| **Date:**  |

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| **NOTES TO CONSIDER** |
| **Click or tap here to enter text.** |

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| **PARTNER/MANAGER APPROVAL**  |
| **Signature****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­** |
| **Date:**  |

**PLEASE NOTE: If your course plan changes during the year, (this may be due to an exam failure or a change in circumstance), this form must be resubmitted with the details of your new plan for the year.**