

# Application form

## Organisation details

Organisation name (should be the same as name for certificate, list for publicity etc):

Parent company name (if applicable):

Postal address:

Town/City:

Postcode/Zip:

Country:

Main switchboard number:

Email address:

Please state the nature of your business:

Number of employees:

Website address:

CIMA will include your organisation's website address on [www.cimaglobal.com](http://www.cimaglobal.com). We may also use your organisation's name in future marketing of CIMA Training. If you have any queries about this please email [cima.training@cimaglobal.com](mailto:cima.training@cimaglobal.com)

Name of senior financial person within organisation:

Position:

## CIMA Training scheme co-ordinator personal details (regular contact regarding CIMA Training)

Title: First name: Surname/Family name:

Honours (e.g. ACMA):

Position:

Direct telephone number:

Fax:

Mobile number:

Email address (address to send e-magazine, updates etc):

Postal address (if different from address above):

Town/City:

Postcode/Zip:

Country:

Are there other CIMA Training co-ordinators or contacts CIMA should note?  Yes  No

If so, please give all the details as above on a separate sheet.

## Student information

How many students are on this scheme?

Are there other CIMA students within the organisation?  Yes  No

If so, how many are not on this scheme?

Does this scheme cover students at more than one site?  Yes  No

If so, please give details of these sites separately.

## Other finance training

Do you train students who study for any other accountancy/finance qualifications?

Qualification	Approximate number of students	Accreditation scheme
ACCA		
CIPFA		
Chartered Accountants		
AAT		
Other		

Name of person completing the form: \_\_\_\_\_

Job title: \_\_\_\_\_

Signature

Please tick if you do **not** want to receive information about other CIMA activities

Date

### For CIMA use only

Date of confirmation of registration: \_\_\_\_\_

Level of registration: Partner/Quality Partner: \_\_\_\_\_

CIMA Training number: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Area/country: \_\_\_\_\_

Key account manager: \_\_\_\_\_

BDM responsible: \_\_\_\_\_