



AMSPAR Candidate Registration Form Diploma in Primary Care & Health Management

DPCHMR

Complete all sections of this form and print in block capitals (the name stated will appear on any certificate)

Please ✓ the appropriate qualification level and unit to be registered on.

- | | | | | | |
|---|---|--|--|--|--|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate | <input type="checkbox"/> Unit 601 | <input type="checkbox"/> Unit 602 | <input type="checkbox"/> Unit 603 | <input type="checkbox"/> Unit 604 |
| <input type="checkbox"/> Award | <input type="checkbox"/> Unit 605 | <input type="checkbox"/> Unit 606 | <input type="checkbox"/> Unit 608 | <input type="checkbox"/> Unit 609 | <input type="checkbox"/> Unit 615 |

- Unit 601** Managing medical ethics & legal requirements in a primary care & health environment
- Unit 602** Financial management & budgeting in a primary care & health environment
- Unit 603** Managing information & communication in a primary care & health environment
- Unit 604** Developing & leading teams to achieve organisational goals & objectives
- Unit 605** Developing or improving services in a primary care health environment
- Unit 606** Developing critical thinking
- Unit 608** Managing for efficiency and effectiveness
- Unit 609** Managing recruitment
- Unit 615** Becoming an effective leader

If registered with City & Guilds, please give **City & Guilds ENR no.**

Complete all sections of this form as the information is mandatory

Personal Details Title Male Female

Forename

Surname

Present Address

Town

County Postcode*

Telephone (day) () D O B* D D M M Y Y

E mail address **This email will be used for all correspondence**



Employers Details

Work Address _____

Town _____

County _____ Postcode* _____

Work Telephone (_____) _____ Ext _____

Work E mail address _____

Job Title _____

How long have you worked in healthcare? _____ years _____ months

- A letter of support needs to be signed by the employer on headed paper and enclosed with the completed Registration form
- A CV must accompany the completed registration form

White	Asian or Asian British	Chinese or other ethnic group
01 <input type="checkbox"/> British	08 <input type="checkbox"/> Indian	15 <input type="checkbox"/> Chinese
02 <input type="checkbox"/> Irish	09 <input type="checkbox"/> Pakistani	16 <input type="checkbox"/> Any other *
03 <input type="checkbox"/> Any other white background	10 <input type="checkbox"/> Bangladeshi	
	11 <input type="checkbox"/> Any other Asian background	* please write below;
Mixed	Black or Black British	_____
04 <input type="checkbox"/> White & black Caribbean	12 <input type="checkbox"/> Caribbean	
05 <input type="checkbox"/> White and black African	13 <input type="checkbox"/> African	
06 <input type="checkbox"/> White & Asian	14 <input type="checkbox"/> Any other black background	
07 <input type="checkbox"/> Any other mixed background		



AMSPAR wishes to encourage registrations from disabled people. The Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day to day activities".

Based on this definition, do you consider yourself to have a disability? YES / NO

If **yes**, what is the nature of your disability?

If alternative assessment arrangements are required the examination centre can make arrangements on behalf of the candidate and the candidate will need to complete form **AAA** (available from AMSPAR) and attach full details of an **Educational Psychologist** or **Medical Report**. This would include help for dyslexic candidates and advice with additional needs and/or disabilities as appropriate.

I understand that the information requested here will be used by AMSPAR/City & Guilds and not passed on to any other parties.

Consent

By completing all sections and signing the application form I agree to AMSPAR holding the above information solely for the purposes of administering the qualification process as outlined in the Personal Data section of the Student Prospectus.

Signature of Applicant **Date** / /

Completed registration form, employer letter of support, current CV and payment should be sent to:
AMSPAR, Education Department (DPCHM), Tavistock House North, Tavistock Square, London, WC1H 9LN

Payment Details

- to make their payment via electronic transfer, payment should be made to:
Natwest Sort Code **50-30-25** Account No.: **12762989** Ref: **Surname** plus **L5**
- If an employer wishes to be invoiced, please provide **full invoice details**, including a **Purchase Order Number**. Please note that registration will not take place until full payment of the invoice is received.

Check List

- Employer Letter of Support
- CV
- Payment (Please ✓ if a receipt is required and this will be sent upon request via email)
- Requested start date **1st October** **1st December** **1st February** **1st May**