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|  | **AMSPAR** Candidate Registration Form  **Award in Health Service Administration** **(On-line)** | **OAHSAR** |

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| Complete **all sections** of this form and **print in BLOCK CAPITALS** (the name stated will appear on any certificate) | | | | | |
| Please **✓** the appropriate boxes and complete full details | | | | | |
| **□ Award in Health Service Administration** | |  | | | |
| Are you currently studying with **AMSPAR**? **□ Yes □ No** | | | | | |
| Have you previously studied with **AMSPAR**? **□ Yes □ No** | | | | | |
| If you answer **yes** to either of the above statements please provide us with you student registration number (if known) | | | Registration Number:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | |  |  |  |  |  |  |
| Are you a current member of **AMSPAR**? **□ Yes □ No** | | | | | |
| If you answer **yes** to either of the above statement please provide us with your membership number (if known) | | | Membership Number:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | |  |
| **Personal Details** | | | |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other | |  | |

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| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Home Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Town |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| County |  |  |  |  |  |  |  |  |  | Post Code |  |  |  |  |  |  |  |  |

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| Primary Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  | D.O.B | D | D |  | M | M |  | Y | Y |

Contact email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently working in a health organisation? **□ Yes □ No \***

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| (If **yes**, please complete work details below. If **no \***, please complete work details and confirm declaration below)  **Work Details** | |
| Name of Workplace |  |

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| Work Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Town |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| County |  |  |  |  |  |  |  |  |  | Post Code |  |  |  |  |  |  |  |  |

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| Work Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Extension |  |  |  |  |  |

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| Job title |  |

**Declaration**

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| **\*** Do you aspire to work in a non-clinical role within a health organisation? **□ Yes** |

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| ***White*** | |  | ***Asian or Asian British*** | |  | ***Chinese or other ethnic group*** | | |
| **01** | **□** British | | **08** | **□** Indian | |  | |  |
| **02** | **□** Irish | | **09** | **□** Pakistani | | **15** | **□** Chinese | |
| **03** | **□** Any other white background | | **10** | **□** Bangladeshi | | **16** | **□** Any other \* | |
| ***Mixed*** | |  | **11** | **□** Any other Asian background | |  | \* please write below; |  |
| **04** | **□** White & black Caribbean | | ***Black or Black British*** | |  |  | \_\_\_\_\_\_\_\_\_\_ |  |
| **05** | **□** White and black African | | **12** | **□** Caribbean | |  |  |  |
| **06** | **□** White & Asian | | **13** | **□** African | |  |  |  |
| **07** | **□** Any other mixed background | | **14** | **□** Any other black 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 or □ No**

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

If alternative exam arrangements are required, the examination centre can make arrangements on behalf of the candidate and the candidate will need to complete form AEA 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** 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 privacy policy (www.amspar.com).

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_