



# Application for AMSPAR Membership

2010/2011

## Personal Details

Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Home Address \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Post Code \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ D O B

Home E mail address \_\_\_\_\_

## Work Details

Name of Workplace \_\_\_\_\_

Work Address \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ Post Code \_\_\_\_\_

Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Extension \_\_\_\_\_

Work E mail address \_\_\_\_\_

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

How long have you worked in healthcare?   years   months

## If you have an AMSPAR qualification

Which AMSPAR qualification did you achieve?

Practice Management  Medical Secretarial  Medical Receptionist

Medical Terminology Level 2  Medical Terminology Level 3  Other \_\_\_\_\_

Where did you study for this qualification? (*college/centre name*) \_\_\_\_\_

When did you qualify?   month   year

AMSPAR wishes to encourage suitably qualified people to apply for membership. 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 (*delete as applicable*)

