



Application for AMSPAR Membership

2011/2012

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 / DPCHM Medical Secretarial / ADMS Medical Receptionist / IDMR

Cert / Dip in Medical Admin - Level 2 Cert in Medical Admin / Dip in Medical Secretaries – Level 3

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*)

Additional Information

How did you hear about AMSPAR?

State in order of priority the reasons why you want to join AMSPAR (1 being the most important)

- 1
- 2
- 3

I hereby apply for membership of the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists, and agree to abide by the Articles and Bye-Laws¹ of the Association for the time being in force. I also agree to abide by the rules of the Region and Branch, to which I belong, at any time. I enclose a cheque or postal order made payable to AMSPAR for the correct amount. I understand that the information requested here will be used by AMSPAR exclusively and not passed on to any third parties. If I have an AMSPAR qualification, I have enclosed a copy of the relevant Diploma / Certificate(s). If I do not have an AMSPAR Diploma, I have enclosed a copy of my CV.

Signature Date / /

Memberships are renewed on 1st April. If you join between the dates listed below the corresponding fee will apply.

1 st April 2011 – 31 st March 2012	£62.00	1 st July 2011 – 31 st March 2012	£49.00
1 st October 2011 – 31 st March 2012	£37.00	1 st January 2012 – 31 st March 2012	£25.00

We will decide your membership level from your application form. The minimum requirement would be one month healthcare experience, which grants Affiliate membership, or an AMSPAR certificate which grants Associate membership.

Section to be completed by current employer

I can confirm that the applicant has been employed as a:

for a period of [.....] years and/or [.....] months and has the necessary qualifications and/or experience to join AMSPAR as a member.

Signed Date / /

Title Mr Mrs Ms Miss Other

Surname [.....]

Forename [.....]

Work Address [.....]

Town [.....]

County [.....] Post Code [.....]

Work Telephone (.....) [.....] Extension [.....]

Work E mail address

Job Title

Your completed application form and payment should now be sent to:

Membership Department, AMSPAR, Tavistock House North, Tavistock Square, London, WC1H 9LN