



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

OAHSAR

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

Please tick 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:

Registration number input grid

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:

Membership number input grid

Personal Details

Title Mr Mrs Ms Miss Other

Surname input grid

Forename input grid

Home Address input grid

Town input grid

County and Post Code input grids

Primary Telephone and D.O.B input grids

Contact email address



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

(If **yes**, please complete work details below. If **no** *, please complete work details and confirm declaration below)

Work Details

Name of Workplace

Work Address

Town

County

Post Code

Work Telephone

Extension

Job title

Declaration

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

White

- 01 British
- 02 Irish
- 03 Any other white background

Mixed

- 04 White & black Caribbean
- 05 White and black African
- 06 White & Asian
- 07 Any other mixed background

Asian or Asian British

- 08 Indian
- 09 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background

Black or Black British

- 12 Caribbean
- 13 African
- 14 Any other black background

Chinese or other ethnic group

- 15 Chinese
- 16 Any other *

* please write below;



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**

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: ____/____/____