



# Application for AMSPAR Membership

2018/2019

## 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*)

By completing all sections and signing the application form I agree to AMSPAR holding the above information solely for the purposes of administering my membership as outlined in our Personal Data Statement (see [www.amspar.com](http://www.amspar.com))

