



Application for AMSPAR Membership

2017/2018

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*)

