



Faculty of Homeopathy

MFHom(Nurse) EXAMINATION

Application for the November/December 2010 sitting
(closing date 24th September 2010)

IMPORTANT

- Applicants must read the accompanying document *Membership Examination for Nurses Guidelines 2010* before completing this application form. Applications which are incomplete or do not provide the information requested in the *Guidelines* cannot be accepted.
- If you are uncertain about how to complete this form is it important that you contact the Academic Office (contact details on page 4) for assistance *before the closing date* for submission of applications.

PLEASE WRITE LEGIBLY IN BLACK INK

Name

Address

Telephone

Home:	Work:
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Fax

Email*

*Overseas students must provide an email address to ensure that they receive correspondence in time to make travel arrangements.

PRIMARY NURSING QUALIFICATIONS

Year of NMC registration:

NMC no.:

Qualifications

Candidates who are not registered with the Nursing & Midwifery Council must provide a photocopy of their nursing qualification (if this is not in English an official stamped translation must be provided).

I am not NMC registered. A photocopy of my nursing qualification is enclosed

PRIOR FACULTY MEMBERSHIP

To apply for the examination you must have been an Associate or Licenced Associate of the Faculty for at least three months. Candidates who began their training after 2006 must be Licenced Associates.

Date of Associateship or Licenced Associateship

COMPLETION OF FACULTY-ACCREDITED TEACHING

Candidates must have attended a full course of teaching (leading to the MFHom(Nurse) examination) at a Faculty-accredited teaching centre or (by prior agreement with the Faculty) present evidence of equivalent study and experience.

Which Faculty-accredited teaching centre(s) did you attend?

Bristol Glasgow London Other _____(please state)

Please tick ONE of the following:

- a) I enclose a certificate(s) of attendance and a signed testimonial of readiness from a Faculty-accredited teaching centre to confirm that I have reached an acceptable level of knowledge and experience to attempt the MFHom(Nurse) examination
- b) I enclose evidence of alternative training as agreed in advance with the Faculty

CASE HISTORIES

TWO copies of 10 case histories, with a critical evaluation of each must be presented with this application form. Candidates should refer to the *Membership Examination for Nurses Guidelines 2010* for guidance on the presentation of case histories. Case histories should not be bound and should be easy to take apart and photocopy.

My case histories are enclosed

I have also enclosed a signed and dated declaration to indicate that the case histories are my own work

SPECIAL NEEDS

Please inform the Faculty in advance if you have any special needs which you consider will affect your examination performance.

VENUE

Please indicate your preferred examination venue bearing in mind that you may not take your clinical examination at a hospital at which you have been or are currently employed. The Faculty cannot guarantee to accommodate your venue preference but will endeavour to do so.

Glasgow 26th November (I confirm I have not been employed at this hospital)

Bristol 3rd December (I confirm I have not been employed at this hospital)

PAYMENT DETAILS

The fee for the MFHom(Nurse) examination is £350. Candidates who are re-sitting the examination and have previously passed the case history section pay a reduced fee of £315.

Please make cheques payable to the *Faculty of Homeopathy* in pounds sterling. The Faculty cannot accept post-dated cheques.

I am applying to take all parts of the examination

My cheque for £350 is enclosed OR I wish to pay by Visa/Mastercard

I am applying to re-sit the clinical and viva examination sections only

My cheque for £315 is enclosed OR I wish to pay by Visa/Mastercard

My case histories were successful at a previous attempt. Please state date:

Credit card details

Card no.

Expiry date /

Signature

Name on card

Address (if different from above)

Please sign, date and return this form to the Academic Office, Hahnemann House,
29 Park Street West, Luton LU1 3BE

Tel: 01582 408680

Fax: 01582 723032

Email: info@facultyofhomeopathy.org

CLOSING DATE

The completed application form and full examination fee must be received at the Faculty Academic Office *no later than 24 September 2010*. Late applications cannot be accepted.

ACKNOWLEDGEMENT OF RECEIPT

Your application form will be acknowledged within one week of the closing date. If you wish to confirm receipt of your application prior to the closing date please contact Academic Office by telephone or email. *Correspondence will be sent by email to overseas students.*

Signature

Date