

FACULTY OF HOMEOPATHY

PRIMARY HEALTH CARE EXAMINATION (PHCE) 2010
PRELIMINARY CERTIFICATE IN VETERINARY HOMEOPATHY (PCVH) 2010

Application for: LONDON – 17 SEPTEMBER 2010

PLEASE WRITE LEGIBLY

Deadline for applications: 20 August 2010

Name
(AS YOU
WOULD WISH
IT TO APPEAR
ON YOUR
CERTIFICATE)

SURNAME
FIRST NAME(S)

Title

Mr / Mrs / Ms / Miss / Dr (circle as appropriate)

Full Postal
Address (inc.
country)

Telephone

Work

Home

Fax/Email

Fax

Email *

***It is strongly recommended that overseas students provide an email address so that correspondence will reach them to ensure adequate time to make travel arrangements.**

Professional
discipline

Qualifications

Please tick the profession relevant to your examination sitting:

Doctor
 Dentist
 Nurse
 Pharmacist

Veterinary Nurse
 Veterinarian
 Podiatrist

Other (please specify)

Applicants who wish to be awarded the LFHom qualification must provide registration details below:

UK registration body:	Registration Number:
Date of Registration:	Date of Birth:

Overseas applicants wishing to be awarded the LFHom qualification should provide registration details below. Please note that you must have a qualification that is statutorily registrable in the UK or in the EU country in which you practice. Please refer to the Faculty PHCE/PCVH examination guidelines booklet for further details.

Overseas registration body:	Registration Number:
Date of Registration:	Date of Birth:

Please inform the Faculty in advance if you have any special needs.

If you have applied to take the PHCE previously please specify when and where you sat the exam below:

1. Date _____ Location _____
2. Date _____ Location _____

PAYMENT DETAILS

Examination fee £100.00
Examination re-sit £35.00

Please make cheques payable to the ***Faculty of Homeopathy*** in pounds sterling.

If you withdraw your application before the closing date, a £10 administration fee will be charged. There are no refunds after the closing date.

Applications received after the closing date will be charged £25 in addition to the examination fee. Please note that there is no guarantee that late applications will be accepted.

Cheque (payable in pounds sterling) for £100/£35* (delete as appropriate) enclosed

OR

I wish to pay by Visa / Mastercard

Card no.....

Expiry date.....

Signature.....

Name on card.....

Address (if different from overleaf)

.....
.....
.....

Please sign, date and return this form to:

Academic Office, Faculty of Homeopathy, Hahnemann House, 29 Park Street West, Luton LU1 3BE Tel: 01582 408680 Fax: 01582 723032

Receipt of applications

Your application and fee will be processed within one week of the closing date, and you will receive acknowledgement of your application **shortly after the deadline**. If you wish to confirm receipt of your application prior to the closing date please contact the Academic Office on 01582 408676. Overseas candidates will receive their correspondence, in the first instance, by email.

Signature:

Date: