



## FACULTY OF HOMEOPATHY MEMBERSHIP EXAMINATION FOR NURSES 2008

PLEASE WRITE LEGIBLY IN BLACK INK

IMPORTANT

Applicants must read the accompanying document *Membership Examination Guidelines for Nurses 2007* before completing this application form. Applications which are incomplete or do not provide the information requested cannot be accepted.

**Deadline for applications and case histories: 18<sup>th</sup> July 2008**

**Date of MFHom (Nurse) written: 19<sup>th</sup> September 2008**

**Date of MFHom (Nurse) viva: TBA**

**Name** (THIS NAME WILL BE  
USED ON YOUR DIPLOMA)

**Address**

**Postcode**

**Telephone**

Home	Work
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**Fax**

Home	Work
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**Email**

**Year of full registration  
with the NMC**

**NMC no.**

**Nursing qualifications**

**Nationality:**

**Particulars of nursing registration if outside the United Kingdom**

**Please inform the Faculty if you have any special needs.**

**The completed application form, TWO sets of ten case histories and full examination fee must be received at the Faculty Office by the advertised deadline.**

**My case histories are included with this application.**

**I have included a signed and dated declaration stating that the case histories are my own work.**

**Signature**

**Date**

**PAYMENT DETAILS**

The full examination fee is £275. Please make cheques payable to the *Faculty of Homeopathy* in pounds sterling.

My cheque for £275 is enclosed  OR I wish to pay by Visa/Mastercard

Card No.

Signature

Expiry date

Name on card

Address

Please return this form and send your cases to:

Academic Office  
Faculty of Homeopathy  
Hahnemann House  
29 Park Street West  
Luton LU1 3BE  
United Kingdom