

FACULTY OF HOMEOPATHY

**PRIMARY HEALTH CARE EXAMINATION (PHCE) 2008
PRELIMINARY CERTIFICATE IN VETERINARY HOMEOPATHY (PCVH) 2008**

Application for PHCE/PCVH SPRING 2008

PLEASE WRITE LEGIBLY

Applying for (please tick) <input type="checkbox"/> Bristol – 9 th May 2008 <input type="checkbox"/> Glasgow – 15 th March 2008 <input type="checkbox"/> London – 25 th January 2008

Deadline for applications: London – 21st December 2007
Glasgow – 15th Feb 2008
Bristol – 18th April 2008

Name (AS YOU WOULD WISH IT TO APPEAR ON YOUR CERTIFICATE)	SURNAME FIRST NAME(S)
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Title	
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Full Postal Address (inc. country)	
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Telephone	Work	Home
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Fax/Email	Fax	Email *
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***It is 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:

<input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist	<input type="checkbox"/> Veterinary Nurse <input type="checkbox"/> Veterinarian <input type="checkbox"/> Podiatrist	<input type="checkbox"/> Other (please specify) <hr/>
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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 your 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 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)

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Please sign, date and return this form to:

Academic Office, Faculty of Homeopathy, Hahnemann House, 29 Park Street West,
Luton LU1 3BE Tel: 0870 444 3955 Fax: 0870 444 3960

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 0870 444 3951. Overseas candidates will receive their correspondence, in the first instance, by email.

Signature:

Date: