

# Access Courses 2019

## ABDO Database Registration Form

Please complete this form in order for you to be registered on the ABDO database. This registration is for administrative purposes only and will not confer ABDO membership/student membership status on the applicant.

<b>Personal details</b>
Title (Mr, Mrs, Ms etc)
Forename (s) No abbreviations or nicknames please
Surname
Gender: M / F
Date of birth: / /

<b>Employment status</b>
Occupation:
Employee <input type="checkbox"/> Owner/Partner/Director <input type="checkbox"/>
Manager <input type="checkbox"/> Locum <input type="checkbox"/> Self employed <input type="checkbox"/>
Other (please state)

<b>1. Home</b>
Town/city:
Postcode:
Country:
Telephone:
Mobile:
Email:

<b>2. Practice</b>
Company name:
Town/city:
Postcode:
Country:
Telephone:
Fax:

<b>3. Other address we may need to know</b> (eg term time address)
Town/city:
Postcode:
Country:
Telephone:
Correspondence to be sent to address number <input type="checkbox"/>

<b>Additional information</b>
1. Have you previously been a member of ABDO/ADO?
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to next section
Your old ABDO no:
Approx. year you joined:
Any other name you have used while a member of ABDO:

<b>Declaration</b> (to be signed by all applicants)
I, the undersigned, hereby apply for registration and agree to abide by the Memorandum and Articles of Association, and its Rules and Regulations as from time to time laid down.
Signature:
Date: / /