



Form A
Diploma in Management of the Dead
Examination Entry Form

This form, completed by the Candidate, is to be forwarded to the Examination Office, together with the current fee, not later than **13th March 2018**.

Title _____ First name(s) _____ Surname _____

Date of birth ___/___/_____

Address _____

Email: _____@_____

Daytime tel: _____

Qualifications (with dates) including medical school (where applicable)

Degree / Qualification	Awarding Body	Date
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Date of Registration/professional body _____

Appointments held (with dates) _____

Management of the Dead course attended on (date) ___/___/_____

At (venue) _____

Certificate of completion / attendance included: Yes / No

Signature of applicant: _____

Date: ___/___/_____

Approved on behalf of the Examination Board _____

On (date) ___/___/___