

A P E A S

REGISTRATION FORM – 2010/11 for the Examination in Professional Practice and Management (Part 3 Examination)

Please enclose two signed passport size photographs, and a cheque for £265 made payable to APEAS Ltd as payment of your Registration Fee

(Please note that returned cheques will incur an administration charge of £10.00)

If you wish to pay by BACS transfer or by instalments please see our website for more information and contact our office for APEAS bank details (info@apeas.org.uk)

If, after registration, you wish to defer your decision to sit the Part 3 Examination, this must be notified in writing to the APEAS office. You should note that a late deferment will incur a higher fee the next time you sit the Part 3 Examination. For more details see our website www.apeas.org.uk

PLEASE PRINT CLEARLY IN BLACK INK OR TYPE

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PERSONAL DETAILS:	
<i>Please circle as appropriate</i>	
Title	Mr Mrs Miss Ms Other (please specify)
Surname	_____
Forenames	_____
APEAS Registration Number <i>(if applicable)</i>	_____
Permanent Home Address	_____
Post Code _____	
Telephone:	Home _____ Mobile _____
E-mail:	_____
Date of Birth:	Age _____ Male Female

4 DETAILS OF EMPLOYMENT MENTOR

Please circle as appropriate

Title	Mr	Mrs	Miss	Ms	Other (please specify)
Surname	_____				
Forenames	_____				
Office Name and Address					
Post Code					

Telephone:	Office		Mobile		

E-mail:					

5 DETAILS OF PROFESSIONAL STUDIES ADVISOR:

Please circle as appropriate

Title	Mr	Mrs	Miss	Ms	Other (please specify)
Surname	_____				
Forenames	_____				
School Name and Address					
Post Code					

Telephone:	Office		Mobile		

E-mail:					

6 OTHER INFORMATION:

APEAS wishes to ensure that all candidates receive fair and equal treatment during the Examination process. To assist us in ensuring this fair treatment, it would be helpful if you would provide the following information.

Yes

No

Please tick as appropriate

Do you have a medical condition which you believe might affect your performance in the Part 3 Examination?

Do you have any specific adjustments which would need to be made to the examination process, such as an accessible venue?

Do you require adjustments to be made in relation to any learning difficulties, e.g. Dyslexia?
(please note that evidence of a recent assessment will be required)

Is English an additional language?

If you have answered yes to any of the above questions, please provide more details

Do you agree to APEAS examiners being informed of the information you have provided above?

Yes

No

If you would prefer to discuss your particular circumstances in confidence, please contact Dr Peter Kahan by telephoning 01324 484652 or by e-mail to p.kahan@apeas.org.uk

7 NATIONALITY: _____

If British, please circle as appropriate **Scottish** **English** **Northern Irish** **Welsh**

Please note that this information will be used for statistical purposes only

Ethnic Origin: Please indicate your ethnic origin by ticking one of the boxes below

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Any Other White Background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>
Any Mixed Background	<input type="checkbox"/>	Any Other Asian Background	<input type="checkbox"/>	Any Other Background	<input type="checkbox"/>
Do not wish to provide this information	<input type="checkbox"/>				

8 DECLARATION:

Please read the following information carefully before signing this form.

In signing this form you confirm that you have passed ARB/RIBA Parts 1 and 2 and will have a minimum of 24 months logged, signed professional experience, of which a minimum of 12 months is post Part 2, at the time of submission of your Record of Experience (see www.pedr.co.uk).

You also agree not to engage in any form of collusion or plagiarism whilst undertaking the Part 3 Examination.

In providing the information in this form, you consent to APEAS holding and processing this information in connection with its business activities – namely, setting, managing, administering and evaluating the Examination in Professional Practice and Management (Part 3).

APEAS will from time to time publish statistical information of a general nature, but will not publish individual candidate information. APEAS will comply with its obligations under the Data Protection Act. At the time of printing this form, the latest version of the Act is the Data Protection Act (1998).

Signed **Date**

For official use only

Date Registration Form received		Photographs supplied	
Registration fee paid		Database entry complete	
Examination / Re-sit / Deferment fee paid		Comments	
Instalments?	Yes / No		