

## Application for membership of APDT,UK

Name:	
Address:	
County	
Post Code	
Phone No:	
Mobile No:	
E-mail:	

### Please tick as appropriate

		I wish to apply for assessment for membership of APDT, UK.
		I have read and understand the procedure for assessment for membership.
		I have read, understand and agree to abide by the APDT, UK Code of Practice.
<b>BAC</b>	<b>CHEQUE</b>	I enclose a cheque for £120 made payable to APDT. I have made a BAC payment of £120. Lloyds, 30-80-95, 30783668. (Please use full name as reference) I have read and understood the financial implications of cancellation of my assessment.
		I would like to attend for assessment on 14 October, Leigh, Lancs.
		I confirm that the homework I submit will be my own work and any quotes or information taken from other sources will be acknowledged in that work.
		I have provided a photo of myself. (You can smile 😊)

Signature: .....

Please return your completed form to: [info@apdt.co.uk](mailto:info@apdt.co.uk)