



# HIV/AIDS Management Examination Entry Form

## Section A (Please complete all of this section)

ABMA Student Number:

Surname: .....

First Name: .....

Other Names: .....

Email Address:

I wish to sit for examinations in: March  June  September  December

Please indicate the full name of the college at which you are studying:

.....  
.....

College Address: .....

.....  
.....

.....  
.....

**NB** You should check with the ABMA Coordinator that your name has been spelt correctly on the ABMA Examination Spreadsheet as this will be entered onto your records and used to produce your results and certificate. If you discover that your name has been spelt incorrectly, you should immediately contact your ABMA Coordinator who will need to resubmit the ABMA Examination Spreadsheet with the correct spelling of your name prior to the exam fee deadline for that series.

## Section B

Please complete the 'Exam Fee' box and the 'Total Examination Fees Payable' box and ensure that all forms and payments are forwarded to ABMA before the published ABMA deadlines.

Level 4 Diploma	Exam Fee (£)
HIV/AIDS Management 1	
Community Development	
Health and Nutrition Education	
Population, Poverty and Human Development	
Synopsis	

Level 5 Diploma	Exam Fee (£)
HIV/AIDS Management 2	
Social and Corporate Responsibilities	
Counselling and Social Work	
Responding to HIV/AIDS	
Synopsis	

Level 6 Diploma	Exam Fee (£)
HIV/AIDS Management 3	
Project Management	
UNAIDS Policy, Organisation and Initiatives	
Legal Framework in HIV/AIDS Management	
Dissertation	

Total Examination Fees Payable (£)	

FOR ABMA USE ONLY

Bankers Draft

Cheque (with cheque guarantee details)

Postal / Money Order

Exam Fee to Pay

Module Outstanding

Late Entry

Other

Date

Signature

TOTAL ENCLOSED EXAMINATION FEES

I enclose the required Examination Fee of:

£ .....

I have read and understood the examination regulations and undertake to comply therewith and I further understand that fees paid are **non-refundable and non-transferable**.

Signature: .....

Date: .....