

[illegible]

Surname: .....

First Name: .....

Other Names: .....

[illegible]

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 (£)
Introduction to Science for Public Health	
Social Science	
Principles of Public Health	
Introduction to Epidemiology and Statistics	
Determinants of Health	

Level 5 Diploma	Exam Fee (£)
Communicable Diseases	
HIV/AIDS and Tuberculosis	
Pneumonia and Malaria	
Introduction to Non-communicable Disease, Mental Health and Injury	
Health of Women, Children and Young People	

Level 6 Diploma	Exam Fee (£)
Mental Health, Disability and Ageing	
Public Health in a Crisis or Disaster	
Working in Public Health	
Health Education and Health Promotion	
Managing Public Health	

Total Examination Fees Payable (£)	
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### 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: .....