

[illegible]

First Name:

[illegible]

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

College Address:

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Section B

Level 4 Diploma	Exam Fee (£)
Introduction to Community	
Understanding Community Development	
Sociology and Social Work	
Working with the Vulnerable	
Project Planning	

Level 5 Diploma	Exam Fee (£)
Leadership and Conflict Resolution	
Capacity Building and Sustainability in Communities	
Humanitarian Aid and Crisis Management	
Managing Health and Disease in Communities	
Accessing and Managing Project Resources	

Level 6 Diploma	Exam Fee (£)
Community and Inter-Agency Working	
Critical Engagement with Social Policy	
Entrepreneurship in Communities	
Reflective Practice	
Project Management	

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: