

SECTION 3 – Further details

DESCRIPTION OF DISABILITY

SPECIAL ARRANGMENTS REQUESTED

SUPPORTING EVIDENCE ATTACHED

SECTION 4 – Candidate Agreement – Form Q

_____ [FULL NAME IN BLOCK CAPITALS]

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have read and understood the SAL Diploma Regulations and Syllabus and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or omitted.

Data protection: I consent to the information in this form being held on the Society's database and to my name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

I accept that incomplete applications may lead to a delay in processing my application and may lead to it being returned.

I understand that faxed or e-mailed applications or photocopied signatures will not be accepted for reasons of confidentiality or security.

I agree to the above, if any of the above is not correct or is not fully met the Society of Apothecaries of London reserves the right to reject my application and I will not be permitted to re-apply until the next diet.

SIGNATURE _____

DATE ____ / ____ / ____ /
DD MM YY