

Application for the HOSPA Education Programmes



Title (Please tick)	Mr <input type="radio"/>	Ms <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Other (Please specify)
First Name					
Last Name					
Date of Birth				Nationality	
Job Title					
Company Name					
Parent Company					
Work Address					
County				Country	
Postcode					
Work Email					
Work Telephone					
Work Mobile					
Home Address					
County				Country	
Postcode					
Home Telephone					
Mobile					
Home Email					
Postal Correspondence Address (Please tick)	Home <input type="radio"/>	Work <input type="radio"/>			
Email Correspondence Address (Please tick)	Home <input type="radio"/>	Work <input type="radio"/>			

Which programme are you applying for?

Please tick the course, stage* and date at which you intend to start your study.

Programmes	Stage 1	Stage 2	Stage 3
Financial Management			
Revenue Management			
Spring Start Date (March) <input type="radio"/>	Autumn Start Date (September) <input type="radio"/>		

*To apply for exemptions, please contact education@hospa.org with a copy of your C.V.

Payment Details

☐ Company Paying ☐ Individual Paying

Invoice Details

Address

Postcode

PO Number (if app)

Payment Options: Cheque, credit/debit card, BACS. Payment must be made in full prior to the start of the course.

HOSPA cannot be responsible for reimbursing travel arrangement fees for exams in the case of cancellation by HOSPA. The following fees are applicable for cancellations to courses: within two weeks of the course start date: 50% fee payable, within one week of the course start date: full fee payable

Grade of Membership

Learners on our Education & Training Programmes receive membership free of charge for the duration of their study (up to a maximum of 2 years). Successful completion of a programme leads to Associate Certified status of HOSPA and the initials AHOSPA (Cert) can be used after payment of the annual subscription. In addition, exemptions and credit awards from some providers are awarded ~ please ask for further details or refer to our website www.hospa.org.

Referee Details

Please indicate a person who will act as a referee for you (e.g. an existing member of HOSPA or your line manager).

Name of Referee

Job Title

Company

Address

Postcode

Email

Signature of Referee

How did you hear about us

Declaration

I declare that the statements on this form are true. I agree that, in the event of my election to any grade of membership, I will be governed by the rules of HOSPA as they now exist and as they may be altered in the future. I will endeavour to advance the objectives of the Association as far as this lies in my power. If I want to leave HOSPA, I will submit my resignation to the administrator in writing. After payment of any arrears that may be due from me at that time and returning my membership certificate, which I recognise to be the property of the Association, I will be free of any obligation to the Association.

I have read and agree to the Terms & Conditions for HOSPA Students as detailed on the website ☐

Your Signature

Date

On occasion, HOSPA may agree to provide industry parties with the names and addresses of members who may be interested in their services. Please tick here if you would not like to be included within such a mailing. ☐

Mailing Checklist

- ☐ Completed application form.
- ☐ C.V. (only for exemptions)

Please return form to:

HOSPA Professional Development
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