NATIONAL EXAMINATION BOARD

Application for Practical Assessment (EEG)

Full Name (Mr Mrs Ms Miss)……

Place of Work……

……..

……..

……..

Contact Tel. No…… Email ……...

Date of Birth……

Position Held……...

ANS Membership No……...

(Only ANS members will get an ANS certificate. The certificate will be the only evidence of the grade of the practical examination e.g. distinction, merit)

Signature of applicant …… Date……..

Signature of WBA…….. Date……..

Full Name of WBA…….

WBA Email…… WBA Tel No…….

EEG system used ……

Payment is required with your application:-

£500 ANS Members £650 Non-Members

The first re-sit is charged at 50% of this fee, but any further resits will be charged at the full rate.

Return completed form to – ansadmin@ahcs.ac.uk