



REGISTRATION FORM: POST PART 2 SUPPORT

Please complete in BLOCK CAPITALS :

Name: Mr / Miss / Mrs / Ms		Surname:	
Office Name*: Office Address:		Home Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Preferred Email Address:			
Part 1 Completed Date: Institution:		Part 2 Completed Date: Institution:	

*Please note that we will normally make use of your office address for correspondence, unless otherwise stated.

<p>I wish to register for Post Part 2 Support at the University of Edinburgh. I have:</p> <p><input type="checkbox"/> paid my registration fee in the sum of £130 via the University of Edinburgh on line payment system, or</p> <p><input type="checkbox"/> enclosed a cheque made out to 'University of Edinburgh' for £130 <u>Chq no.....</u></p> <p>SIGNED: DATE:</p> <p>This sum assures the candidate assistance in preparing for the APEAS Examination in Professional Practice and Management, and validating FOUR RIBA Professional Development and Evaluation Records (PEDRs), within ONE YEAR from Registration.</p>

I (please delete as appropriate) have / have not enclosed a **colour** passport photo of myself and the completed "Part 3 VRS Registration Form" and, therefore (please delete as appropriate) request / do not request a visitor's card for access to the library and certain buildings.

The completed form must be forwarded to:

Bonnie Thomson
ESALA Subject Area Administrator
ECA, University of Edinburgh
Minto House
20 Chambers St
Edinburgh EH1 1JZ

or by email to:
esala.admin@ed.ac.uk

Receipt of application form, remittance and registration will be confirmed by email.

FOR OFFICE USE ONLY	
Date Form Received:	Database:
Payment Amt and Date:	Photo Received:
VRS Form Received:	Card App Sent:
UUN issued:	Visitors Card Issued:
Confirmation:	Date pass/leave: