



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

£695 - Non-Members

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

Please return your completed form to Lindsey Sevier-White by fax (0121 355 2420), or email ebs@ansuk.org or post to ANS, C/o EBS, City Wharf, Davidson Road, Lichfield, Staffs, WS14 9DZ, along with your remittance