

# British Beekeepers' Association - Examinations Board

## Application to Enter for an Examination/Assessment

(Please complete with block letters)



**Surname**.....**Title**.....Mr, Mrs, Miss, Ms other

**Forenames**.....(to appear on certificate)

**Address**.....**Town**.....

**County**.....**Postcode**.....**Telephone**.....

**BBKA Membership Number**.....**Email address** .....

Please circle the Examination(s) / Assessment(s) you wish to enter:

**Junior**      **Basic**      **Modules: 1 2 3 4 5 6 7 8**  
**General Husbandry**    **Advanced Husbandry**    **Microscopy**    **Show Judge**

**Date of passing Basic Certificate** ..... (mandatory except for Basic and Junior applicants)

A cheque/P.O. payable to the BBKA for £..... is enclosed with this application.

**Signature**.....**Date**.....

We are committed to helping all people access our examinations including those who have a disability, learning difficulty, dyslexia or a health problem. If you think you will need special consideration such as additional time or other support when taking an exam please tick the box:  or discuss your requirements by contacting the Examinations Board Secretary.

### CERTIFICATE OF QUALIFICATION

I certify that the above named Candidate meets the Conditions of Entry as stated in the prospectus for this/these Examination/Assessment(s).

Print name:..... Position: .....

**Signed**..... (Responsible person\*)      **Date**.....

\* e.g. Branch committee member or course tutor

**Forward completed form plus remittance to your  
Area/County Association Examination Secretary/Secretary**

Applicant, please enter your name and address in the box below. Receipts will be sent to the **Area Examination Secretary** to ensure they have a confirmed record of your entry.

### British Beekeepers' Association - Examinations Board Receipt of Application Form



Enter your name and address in this box:

Assessment/Examination .....

BBKA Office Use

Receipt:

Date: