

Application for the Education and Training Programmes



Hospitality Finance, Revenue and IT Professionals
Education & Training

Title (Please tick)	Mr <input type="radio"/>	Ms <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Other (Please specify)
Forenames					
Surname					
Date of Birth				Nationality	
Job Title					
Company Name					
Parent Company					
Work Address					
Postcode					
Work Email					
Work Telephone					
Work Mobile					
Home Address					
Postcode					
Home Telephone					
Mobile					
Home 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			
IT Management			
Revenue Management			
Spring Start Date (Feb/March) <input type="radio"/>	Autumn Start Date (Sept/Oct) <input type="radio"/>		

*For a list of exemptions, please refer to the website or contact the Course Director.

Payment Details

- Cheque enclosed (made payable to HOSPA) for a total of £.....(see our website www.hospa.org for rates).
- Credit/debit card payment - call +44 (0)203 4188196 to make a secure payment.
- BACS payment direct to Account no: 52785513 Sort Code: 60-03-12 IBAN: GB90 NWBK 6003 1252 7855 13.
- Invoice required – please give name & address for invoicing below.

Invoice Details (If different from company address overleaf)

Address	
	Postcode

Grade of Membership

Students 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	

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.

Your Signature	Date
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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.
- CV.
- Payment.

Please return form to:

HOSPA Membership and Education Services,
Longdene House, Haslemere, Surrey, GU27 2PH

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www.hospa.org