



**Centre for  
Education &  
Development**



## Professional Development Award

# Registration Form

<b>Surname</b>	
<b>Forenames</b>	
<b>Title</b>	<b>Dr / Mr / Mrs / Miss / Ms / Other . . . . .</b>
<b>BDA Membership Number</b>	
<b>Contact Address</b>	
<b>Postcode</b>	
<b>E-mail Address</b>	
<b>Home Telephone Number</b>	
<b>Work Telephone Number</b>	

I would like to register for the Professional Development Award starting \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

### Declaration

*I certify that the work I will submit will be the result of my own individual work and it will contain no unreferenced material from another source.*

*I confirm that I will abide by all applicable professional Codes of Conduct and I will protect confidential information about patients and clients.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to CPD Programmes Administrator. The BDA Centre for Education & Development, Charles House, 148/149 Great Charles Street Queensway, Birmingham, B3 3HT, together with a cheque for £60.00 made payable to The British Dietetic Association.

*Please note: Registration forms must be received in the BDA by the last working day of the registration month to be effective from the 1<sup>st</sup> of that month. **Registrations cannot be backdated.***