**Registration for Diploma Examinations**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Email address:** |  |

**Declaration**:

I, the undersigned, declare that:

1. I wish to take ECLAM Diploma examinations in the year:

2. I have the necessary approval from the Credentials Committee.

3. I accept that the decision of ECLAM is final.

4. Should I wish to appeal an adverse decision of the College, the process in the Bylaws (Art V) will be followed.

5. I have signed the ECLAM Confidentiality Agreement and returned it to the ECLAM Secretariat.

6. I consent to processing my personal data:

A. ECLAM collects my name, email, address, and telephone number in order to contact me regarding the examinations. ECLAM also collects information from its bank regarding my payment of fees.

B. ECLAM does not share this information with anyone for purposes other than examination administration (i.e., to provide a list of examinee names to security personnel at the exam site). Examination papers and electronic files will only be identified by my ID number. Exam graders cannot associate my exam with my name.

C. ECLAM retains this information for 10 years, as required by EBVS. Financial information is retained for 10 years as required by UK law.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |