ASSOCIATION FOR THE STUDY OF ANIMAL BEHAVIOUR

APPLICATION FOR PRE - CERTIFICATION AS A

**CLINICAL ANIMAL BEHAVIOURIST**

When completed, please return an electronic copy of your application to: jbedford61@btinternet.com and one paper copy of the application by post (please do not use recorded delivery) to;

 Julie Bedford, 2 Grebe Square, Upper Rissington, Cheltenham, Gloucestershire GL54 2NH

Please study the ASAB Accreditation web pages, go to http://www.asab.org/ccab/. Check carefully before submitting your application and ensure that you have included everything on the checklist at the bottom of this form. Please use a font other than Times Roman for your entries (e.g. Arial). The information that you supply in your application and the supporting documents will only be seen by members of the ASAB Accreditation Committee, ASAB Council, and by scrutineers co-opted by ASAB when necessary.

*Please remember that the Committee will base its decision on the information provided on this form and supplementary pages. It is to your advantage to present this information as clearly as possible.*

# Applicant’s personal information and summary of application

Name (including title)

Address:

Telephone number:

Fax number:

E-mail address:

I certify that I have completed the following course validated by ASAB

**Programme:**

**Date awarded:**

Checklist:

Completed application form

CV

Copy of your degree certificate

# DECLARATION

I certify that the information I have given above is true to the best of my knowledge and belief. I apply to the ASAB Accreditation Committee for an assessment of the equivalence of my qualifications to those required for pre-certification as a Clinical Animal Behaviourist.

If accepted, I undertake to comply with the Charter, Statutes, Rules and regulations of ASAB from time to time in force and to comply with the Code of Conduct for Certified Clinical Animal Behaviourists. I undertake that, on receiving a notice from the President of ASAB, that in accordance with one or more articles of the Charter, Statutes or Rules, I am no longer Certificated by the Society, I will immediately cease to use any of the privileges of Certification.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .