



## **2019 Preliminary Examination Application Form**

Association Name:	
Candidate Name:	
Candidate's Address:	
Candidate's Email: (print clearly)	
<b>(your individual exam no. will be sent to this email address)</b>	
IBA CLG member	Yes _____ No _____
FEE:	Member €10 including associate members. Non-members €15

**The exam will be held on Saturday, 25<sup>th</sup> May 2019 at 10am / Venue(s) to be confirmed**  
**Closing date for applications is Thursday, 25<sup>th</sup> April 2019**

A Scanned copy of this application is to be sent to [education@irishbeekeepersassociation.com](mailto:education@irishbeekeepersassociation.com)

- If you are a member of an IBAClg beekeeping association, please hand this form and payment to your local secretary who will submit payment and the form on your behalf.
- For independent IBAClg members and non-members, please send your application and payment directly to IBAClg [payment details attached]

-----

As a candidate in this examination I undertake to attend the practical part of the examination with **laundered bee suit, clean gloves and wellingtons.**

Signed: \_\_\_\_\_

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

The information recorded is for use in the management of the examination, in the examination itself and in the maintenance of the examination record thereafter. Please record details clearly and accurately. The name to be used on a certificate after passing the exam will be taken from this form, so no amendments can be made later without incurring additional fees.