

LONDON ASSOCIATION
OF FUNERAL DIRECTORS



Application Form

for the Certificate in
Funeral Arranging & Administration

Please complete using BLOCK CAPITALS

Your details

Surname/family name: _____ Title: _____

Other names in full: _____

Date of birth (if under 18 years only): _____

Address for correspondence: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Employer details

Name of firm: _____

Contact name: _____

Address of employer: _____

_____ Postcode: _____

Telephone: _____

Emergency telephone contact No: _____

Relationship of emergency contact: _____

Company NAFD Membership No: _____

Funeral Service Employment Experience

How long (years/months) have you been employed in funeral service? _____

How many funerals have you personally arranged? (Please indicate).

None 1-20 21-40 41-60 61-100 101-200 201-400 401+

Please give any other relevant information, particularly if you have had experience of occasional/specialist activities, such as exhumation, repatriations, multiple funerals, burial at sea, children's funerals, unusual funeral rites and traditions, etc.

Learning difficulties monitoring

Please indicate whether you have a disability

No learning difficulties Moderate learning difficulties Dyslexia Dyscalculia Other specific learning difficulties

Disability monitoring

No disability Visual Hearing Mobility Other physical

If necessary, please give any further information concerning learning difficulties or disabilities.

Please provide information of any assistance we might provide to overcome any issues that might be detrimental to your exam performance

How did you hear about the course?

Please indicate

Funeral Director Monthly Other Publication Employer Work colleague Other – please give details below

Who is paying for your fees? (Please indicate).

You Employer Charity/Trust Other

If an invoice is required, please state the name and address where it should be sent:

Signature of candidate: _____ Date: _____

Please note that places on the course are limited

Information provided on this form will be used for administration purposes for the course for which you have applied.

It will be retained, within LAFD/NAFD, for necessary future verification of course participation and certification status.

No information will be provided to any third party.

Please return the completed form to the Course Administrator:

Judith Williams
8 Cross Meadow
Chesham
Bucks. HP5 2RU

Tel: 07776 995335

Email: Secretary@LAFD.org.uk

For office use only	
Date Application received:	
Date application accepted: (or holding letter sent)	
Date invoice sent:	
Date payment received:	
Candidate number:	