



**BRITISH CASTING CERTIFICATE
REGISTRATION FORM FOR RECERTIFICATION**

PRIVACY POLICY

On 25 May 2018, the General Data Protection Regulation, known as GDPR, replaced the Data Protection Act. We intend to comply with our legal obligations under the Data Protection Act 2018 (the '2018 Act') and the EU General Data Protection Regulation ('GDPR') in respect of data privacy and security. Please check our website for more information regarding our privacy policy: <https://www.boa.ac.uk/interim-privacy-policy.html>

WHO IS COLLECTING THE DATA?

For the purposes of GDPR the BOA is a 'data controller' and the course facilitator is a 'data processor'.

DATA COLLECTION AND USE

The information you provide on this application form will be processed in the following way:

- The BOA will record your details for the purpose of professional development
- Arranging and processing payment for Recertification

WHO HAS ACCESS TO YOUR DATA

Your information may be shared with:

- BOA Staff and Trustees
- National Casting Training Advisor
- Third Parties for the purpose of employment checks, such as employment agencies, previous or current employers

WHAT RIGHTS DO YOU HAVE?

If you wish to make a complaint about how your data has been processed, you have the right to make a complaint to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues, at any time. The ICO's contact details are as follows:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Telephone: 0303 123 1113 (local rate)
or 01625 545 745

CONTINUING PROFESSIONAL DEVELOPMENT STATEMENT*

I Certify That Over The Past 3 Years I Have:

1. Worked in practical casting for at least 150 hours.
2. Fulfilled my continuing professional development requirements by completing at least 35 Hours or 5 days of relevant study.

YOUR NAME: _____

[Please complete in BLOCK LETTERS]

SIGNED: _____ DATE: _____

*Please ensure this section is signed and completed, as your recertification will not be processed if this section is left blank.



Please complete the following details in full. Please post the form to the address above or Email your form to recert@boa.ac.uk

A. CONTACT INFORMATION

TITLE:	Miss / Mr / Mrs / Ms / Mx		
FIRST NAMES:			
SURNAME:			
CURRENT ADDRESS:			
PERSONAL EMAIL:			
HOME NUMBER:		MOBILE:	
HOSPITAL / TRUST:			
WORK ADDRESS:			
WORK EMAIL:			
WORK PHONE:		EXT:	

B. PAYMENT

CHEQUES – please make payable to the **BRITISH ORTHOPAEDIC ASSOCIATION** in pounds sterling. ***PLEASE ENSURE YOUR CHEQUE IS ENCLOSED WITH YOUR APPLICATION FORM, AND POST IT TO THE ADDRESS ABOVE.**

CREDIT / DEBIT CARD: [N.B : card payments can be taken over the phone once forms are received, please call 020 7406 1762, OR send by Fax to 020 7831 2676; **PLEASE DO NOT EMAIL CARD DETAILS**]

Amount to be debited: **£60.00** (Recertification)

[Please tick box]

£75.00 (Recertification & replacement BCC pin Badge)

Visa Credit

Mastercard

Visa Debit

Name of Card Holder [Block letters please]: _____

Card Number: _____

Expiry Date: ____ / ____

Security Code (last three digits on back of card): _____

Signature: _____

Date: _____

REGISTRATION CARDS WILL NOT BE SENT OUT WITHOUT PAYMENT BEING RECEIVED.

Recertification has been ruled VAT exempt by HM Customs and Excise.