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## Application for Inclusion on the DDA Register of Dispensers

NAME .....

PRACTICE ADDRESS .....

.....

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TELEPHONE .....

EMAIL .....

We will use your email to send you a regular newsletter about dispensing matters.  
You can opt out of this at any time.

Disp Qualifications .....

Issued by .....

Date .....

Qualification verified by GP

Signed .....

Name .....

Date .....

If no qualification equivalent to NVQ2: Certificate of Competence Signed by GP –Yes / No

Please enclose with application

I hereby apply for inclusion in the DDA Register of Dispensers

Signed .....

Date .....

Application Fees: £15

Payment via **BACS** Bank Account Name: **DDA Ltd** Sort Code: **30 84 43** Account No: **34996768**

Or please make cheques payable to **The DDA Ltd**