



## Licentiate Qualification Application Form

Please complete in BLOCK CAPITALS

Name \_\_\_\_\_

Tel no. \_\_\_\_\_

E-mail \_\_\_\_\_

Membership no \_\_\_\_\_

Name of MPA Mentor (if applicable) \_\_\_\_\_

### Category of Work

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Wedding                      | <input type="checkbox"/> Fashion      |
| <input type="checkbox"/> Medical & Forensic           | <input type="checkbox"/> Illustrative |
| <input type="checkbox"/> Pictorial                    | <input type="checkbox"/> Portrait     |
| <input type="checkbox"/> Architecture                 | <input type="checkbox"/> Landscape    |
| <input type="checkbox"/> Sports                       | <input type="checkbox"/> Schools      |
| <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Events       |
| <input type="checkbox"/> Press/PR                     | <input type="checkbox"/> Advertising  |
| <input type="checkbox"/> Other (please specify) _____ |                                       |

Continued overleaf.

### Please complete the following:

Number of years in Professional Photography \_\_\_\_\_

Have you ever undertaken any recognised training in photography?

If so please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of photography do you mainly undertake? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submission printed by \_\_\_\_\_

### Declaration

I declare that I am the sole author of this application and that I have personally photographed each part of this submission. I grant authority to MPA to publish/display any part of this application, subject to copyright, confidentiality and client acknowledgment. I agree that the MPA will not be held responsible for loss or damage to any part of the application. It is advised that the applicant arranges insurance cover accordingly.

Signed \_\_\_\_\_

Date \_\_\_\_\_