**ANP Members - Register Entry Form**

**The information below is provided for public access on the ANP Notetakers register within the ANP website.  There is no obligation to complete all the suggested areas of information.**

(Double click on your name on your website register entry, to view content)

**Name:**

**Notetaker:** Electronic and/or Manual (delete as appropriate)

Software used? No / Yes Brand:

**Location (County):**

**Contact: Landline: Mobile:**

**Email: Website:**

**Preferred geographical work areas:**

**Preferred notetaking method** (delete as appropriate):

Manual / Electronic / Manual and type up notes / audio transcription / Digi / remote ENT

**Certifications:** (Signature/CACDP/OCN/QAG accepted/Access To Work /enhanced DBS/CRB)

**Other information/skills** (e.g. other relevant skills/qualifications i.e. Minute taking/BSL, whether you link to projector if required, insurance held- public liability/professional indemnity, etc)

**When complete please send this form to:** [membership@anpnotetakers.co.uk](mailto:info@anpnotetakers.co.uk)

**Or send to:-** Meriel Michaelides at 102 Shurland Avenue, Barnet, EN4 8DD