

Change of Personal Information Form

ΑΡΜΟΔΙΑ ΑΡΧΗ ΓΙΑ ΤΗΝ ΕΓΓΡΑΦΗ ΚΑΙ ΑΔΕΙΟΔΟΤΗΣΗ ΤΩΝ ΛΟΓΟΠΑΘΟΛΟΓΩΝ ΣΤΗΝ ΚΥΠΡΟ

Please update the Register of Speech-Language Pathologists regarding the following **changes** to my details:

Surname (in case of marriage or divorce)				
Home add	Iress			
Office add	Iress			
Telephone No. (home)			Telephone No. (o	ffice)
Fax				
Email				
Any changes to the Criminal Record Status				
(e.g. conviction by a court etc.)				
Postgradu	iate Degree			
	Degree/Topic			
	University			
51.5	Date			
PhD	5 / T ·			
	Degree/Topic			
	University			
	Date			
Not oncole		a.a.a.a.la		
Not employed as a professional speech- language pathologist				
Workplace (e.g. from private to public sector due to appointment)				
(e.g. Irom	private to public secti	or due to app	omument)	
I hereby declare that the information provided is true and correct.				
i nereby u	eciale that the inform	ation provide	ed is true and correct.	
Signature				Date / /
Ü				