



ASSOCIATE MEMBERSHIP APPLICATION FORM

Please fully complete this form in BLOCK CAPITALS in Black or Blue ink or Typescript
 Completed application forms should be returned to the address above
Applicants will be considered for election by the College Council which meets three times a year

A. Personal Details

Title _____ Surname _____
 Forename(s) _____
 Date of Birth ___/___/_____ Sex: Male Female GMC No. (If applicable) _____
 Primary Medical Degree _____ Year _____
 Other Qualifications _____

B. Employment Details

Present Job Title _____
 NHS / Honorary NHS Status (please tick and provide dates of employment):
 Consultant (paediatrics / child health) _____ Consultant (other specialties) _____
 Senior House Officer _____ Associate Specialist _____
 Clinical Medical Officer _____ Senior Clinical Medical Officer _____
 Specialist Registrar _____ Senior Registrar _____
 Staff Grade _____
 Other (please specify) _____

C. Proposers

*Note: **Must** be two Fellows of the College. One must be resident in the UK. Overseas residents must provide two letters of support. UK residents must provide one letter of support.*

1. Name _____
 Signature _____ Date ___/___/_____ Membership No. _____
 2. Name _____
 Signature _____ Date ___/___/_____ Membership No. _____

For office use only	RCPCH Membership Number
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D. Work Address *A work address must be provided*

Postal Code _____

Telephone _____ Fax _____

E-mail _____

E. Home Address

Postal Code _____

Telephone _____ Fax _____

E-mail _____ Mobile _____

F. Third Address *Trainees, those who live abroad and others likely to be itinerant please provide details of a third party through whom contact could be made if you move and or we are unable to contact you*

Postal Code _____ Telephone _____

Fax _____ E-mail _____

→ My preferred address for RCPCH Correspondence is (*please tick one*) Home Work

G. Data Protection Act 1998 – Statement of RCPCH Policy

- Members should note that names and correspondence addresses are sometimes supplied by the RCPCH to reputable firms, when we believe that the event or product in question will be of genuine interest to the majority of members or the good of child health. All such requests are scrutinised by a Senior Officer of the College before approval.
If you DO NOT want your details to be available in this way then please tick this box
 - If an applicant is accepted to the College the information contained in this form will be held in confidence and will only be used for the annual Handbook and business of the College.
If you DO NOT wish to have your home address published in the handbook, please tick here
 - The College plans to send out regular news bulletins via email.
If you DO NOT wish to receive these bulletins please tick this box
Please note the College reserves the right to send you individual personal emails related to the College.
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Signature _____ Date ____ / ____ / ____