



MEMBERSHIP APPLICATION

Please complete in block capitals

1. NAME AND ADDRESS DETAILS

This will be your registered address (for all correspondence and mailings)

Last Name _____ Fore Names _____

Mr/Mrs/Miss/Ms/Other _____ Any previous names _____

Name to be known as _____ Gender: M/F _____ Date of Birth _____

Honours (e.g. MBE, OBE) _____

Home Address _____

_____ Post Code/Zip Code _____ Country _____

Non-Work Tel.Nos (H) _____ (M) _____

Non Work E-mail address _____

Are you a **new member or rejoining** member (please specify) _____ Membership No. (if known) _____

HPC state registration number if applicable _____ Date you wish membership to commence _____

Disabilities: (The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long term adverse effect on someone to carry out normal day-to-day activities). In order to offer facilities appropriate to disability needs please complete the following:

Are you disabled? _____ What facilities do you need? _____

2. MEMBERSHIP TYPES

Please indicate which type of membership you wish to apply for. If you believe you may be eligible for the Reduced Rate subscription please complete the reduced rate form and return with this membership application form.

MEMBERSHIP TYPE

	UK Rate	Reduced Rate	Overseas Rate	Retired Rate
Radiographers/Associated Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Practitioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic Assistants/Helpers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. QUALIFICATIONS

Full title and dates of all relevant qualification(s) e.g. BSc (Hons), NVQ, Foundation Degree, PgCert Mammography or MSc Medical Ultrasound (please list each qualification separately in the spaces provided and continue on separate sheet if necessary)

(1) Name of qualification: _____

Name of examining/awarding body _____ Date of Award _____

(2) Name of qualification: _____

Name of examining/awarding body _____ Date of Award _____

(3) Name of qualification: _____

Name of examining/awarding body _____ Date of Award _____

Please state your principal area of current practice i.e. Discipline/Modality _____

Are you currently holding the post of Radiation Protection Supervisor in your department? YES/NO

4. EMPLOYMENT DETAILS.

IF EMPLOYED OR SELF-EMPLOYED PLEASE ENTER ALL DETAILS STARTING WITH THE MAIN WORKPLACE

IF NOT CURRENTLY EMPLOYED PLEASE TICK BOX AND GO TO SECTION 5

Main Employer

Employer Type: (Please circle) NHS Trust or Board (Acute/ Community/ Primary Care), Foundation Hospital, Private or Independent Sector, Other (please specify): _____

Name and address of employer (e.g. Trust/Board) _____
Post Code/Zip Code _____

Name and address of workplace _____
Post Code/Zip Code _____

Work Tel No _____ Work E-Mail address _____

Department/Section _____ Job Title _____

Whitley Grade or equivalent (if applicable) _____ NHS Pay Band (if applicable) _____

Are you (please circle) Full Time/Part Time/Bank/Job Share/Agency Hours worked per week _____

Additional Employment: (Please circle) NHS Trust or Board (Acute/ Community/ Primary Care), Foundation Hospital, Private or Independent Sector, Other (please specify):

Name and address of employer (e.g. Trust/Board) _____
Post Code/Zip Code _____

Name and address of workplace _____
Post Code/Zip Code _____

Work Tel No _____ Work E-Mail address _____

Department/Section _____ Job Title _____

Whitley Grade or equivalent (if applicable) _____ NHS Pay Band (if applicable) _____

Are you (please circle) Full Time/Part Time/Bank/Job Share/Agency Hours worked per week _____

If you have more than two employers, please give details of each additional employer on a separate sheet.

5. PREVIOUS UNION MEMBERSHIP

Are you or have you been a member of any other union? YES/NO

If yes please specify

6. ETHNIC MONITORING & DIVERSITY

The SoR has updated its ethnicity monitoring, in line with best practice.

Nationality and Ethnic Monitoring

The Society of Radiographers is committed to equality of opportunity for all its members. One aspect of this is race equality. The Society seeks to ensure that its minority ethnic members receive equality of treatment not only in the workplace but in recruitment to radiography training and in the service we provide to members. The Society wishes to assure members that data collected from this section will only be used for the purposes stated above.

Please tick the appropriate nationality category and the ethnic group with which you most identify:

Nationality

Please indicate your nationality

1. England
 2. Scotland
 3. Wales
 4. Northern Ireland
 5. Britain
 6. Other country, please write in
-

Ethnicity

Please indicate which one of these ethnic groups best describes you.

A. White

- A1 British
A2 Any other White background

B. Mixed

- B3 White and Black Caribbean
B4 White and Black African
B5 White and Asian
B6 Any other Mixed background

C. Asian

- C7 Indian
C8 Pakistani
C9 Bangladeshi
C10 Any other Asian background

D. Black

- D11 Caribbean
D12 African
D13 Any other Black background

E. Chinese or other ethnic group

- E14 Chinese
E15 Any other, please write in
-

F. F16 Undeclared

7. DECLARATION

I, the undersigned, declare that all of the information supplied by me in connection with this application is correct and that in the event of my acceptance in to membership I will be governed by the rules, regulations and Articles of Association of The Society of Radiographers and as far as possible I will advance the objects of the Society. I understand that I may withdraw from the Society at any time by giving written notice and ensuring that my membership fees are paid up to date.

Signature _____ Date _____

Please ensure that all parts of the form are complete and that you complete the direct debit mandate (UK only) or, outside the UK, a banker's draft in sterling made payable to The Society of Radiographers Subscription Account.

8. DATA PROTECTION ACT

The Society of Radiographers does not release members' information to external organisations for marketing purposes.

Personal information relating to members is held on a secure database or in secure paper files by the Society in order to facilitate services to members. Members' names and addresses are released to specific companies, under contract, to enable the mailing of the Society's publications and other member benefits and to the Electoral Reform Society in the event of a ballot. This information is destroyed after each mailing or ballot event and there is no release to other companies or organisations.

Members names and addresses may also be released to secretaries of Regional/National SOR Committees in order to aid communication between members and interest groups.

If you would prefer not to receive further promotional mailings, please write to the Data Protection Officer at the address below.

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020 7740 7200

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