



Join the SoR today!

Membership form for student radiographer

1 Personal information

Surname Title: Mr/Mrs/Miss/Ms/Other *(delete as appropriate)*

Forename(s) Any previous surnames

Date of birth Age at start of course

Gender M/F *(delete as appropriate)* SoR Membership Number *(if applicable)*

Address

..... Postcode

Country

Home telephone Mobile

Email address

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? **YES/NO** *(delete as appropriate)*

If yes, what support facilities do you need?

2 Details of your course

Name of university

What subject are you studying? Diagnostic Radiography Therapeutic Radiography (Radiotherapy)

Other subject (please state)

What type of course you are studying:

a) Bachelors degree with Honours (approved for HPC registration)

b) Post Graduate Diploma (approved for HPC registration)

c) Masters degree (approved for HPC registration)

How long is your course?: 2 year 3 years 4 years

Date enrolment on your course/...../.....

Which year of the course are you currently studying?

Year 1 Year 2 Year 3 Year 4

Is your course: Full time Part time Part-time in service

3 Your qualifications

Please tick the highest education qualification you have achieved (one box only):

Standard secondary/post 16 education entry qualifications

(e.g. A levels, Scottish Higher Awards, Irish Leaving Certificate)

BTEC BSc Degree MSc PhD Access to Higher Education qualifications

Non Standard (life, work and other experience in lieu of qualifications)

including overseas qualifications, except Irish qualifications

Other

If you transferred from another education centre, or have been awarded exemption from part of the course for which you are registered, please give details:.....

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4 Previous registration

Previous registration (Discovery of failure to disclose previous registrations as a student radiographer with the Society and College of Radiographers may lead to termination of student membership)

Have you ever been required to leave a radiography education programme in the UK? **YES/NO** (delete as appropriate)

If yes, please give details of those attended previously (dates/education centres/clinical departments)

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Are you or have you been a member of any other union? **YES/NO** (delete as appropriate)

If yes please specify

5 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.

Should you have any questions about the protection of your data by the Society of Radiographers, please write to the Data Protection Officer at the Society of Radiographers, 207 Providence Square, London SE1 2EW.



6 Data Protection Act

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. Undeclared

- F16 Undeclared

Please indicate your nationality by ticking the appropriate box:

1. British
2. English
3. Northern Irish
4. Scottish
5. Welsh
6. Other, please write in

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 objectives 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

