

Join the SoR *Today*

Membership form



1. Personal information

Title ☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Mx ☐

Forename(s)

Surname

Any previous surnames

Date of birth

Gender

Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐

Home address

Postcode

Mobile phone number

Email address (Personal email)

2. Membership category

Please indicate which membership category you wish to apply for. You should note that your level of professional indemnity insurance (PII) is linked to your membership category, so it is essential that this is correct. If you are unsure or have any questions, please contact the membership department at membership@sor.org or on 0207 740 7200 for advice.

Are you a new or rejoining member? Please specify and provide as much information as possible about your previous membership

Radiographer

☐

If working in the United Kingdom, please provide your HCPC number

Associate Professional

☐

Please provide the details of any relevant statutory regulation or voluntary registers

Section 2 continues on the next page



Assistant Practitioner ☐

Radiographic Helper or Administrative or Clerical Officer or departmental Support Worker ☐

If you are an assistant practitioner who has yet to achieve accreditation by the College of Radiographers, please tick here ☐

Apprentice ☐

This applies if you are employed within imaging or radiotherapy services as a radiography apprentice and are enrolled on a pre-registration degree apprenticeship programme of study.

Reduced rate ☐

This may be available if you are a radiographer or associate professional earning less than the starting salary at NHS pay band 5. Please tick the box if you would like further information, or visit [sor.org/join](https://www.sor.org/join) to download the application form. You will be required to submit evidence of your earnings for the request to be considered. Please note that this benefit cannot be applied retrospectively.

International rate ☐

This applies if your residence and place of work are outside the United Kingdom. This membership category does not provide workplace representation or professional indemnity insurance (PII).

Retired rate ☐

This category is available to those who have reached their State Pension age. You can check this by visiting the Department of Work and Pensions website at <https://www.gov.uk/calculate-state-pension/y>

3. Your qualifications

Please provide all relevant professional qualifications.

	Title	Date [mm/yy]	Awarding body
1)			
2)			
3)			
4)			
5)			
6)			

Please state your principal areas of practice or professional interest

Continue to the next page



4. Employment details

If you are employed or self-employed, please complete this section starting with details of your main place of work.

If you are unemployed, please tick the box and go to **section 5** ☐

Employer type e.g. NHS, Independent Sector, other (please specify)

Name and address of employer (i.e. NHS Trust, Health Board, Employing Authority or Organisation)

Postcode

Name and address of workplace

Postcode

Department or section

Job title

NHS pay band (if applicable)

Work telephone number

Work email address

Are you Full-time ☐ Part-time ☐ Bank worker ☐ Job share ☐ Agency ☐

What are your normal contracted working hours per month?

Do you currently hold the post of Radiation Protection Supervisor (RPS) for your department?

Yes ☐ No ☐

Continue to the next page



Additional employment

Employer type e.g. NHS, Independent Sector, other (please specify)

Name and address of employer (i.e. NHS Trust, Health Board, Employing Authority or Organisation)

Postcode

Name and address of workplace

Postcode

Department or section

Job title

NHS pay band (if applicable)

Continue to the next page



5. Data Protection Act 2018

➤ The Society of Radiographers will use your information to process and manage your membership of the Society. Our lawful basis for processing your information is to manage our membership and fulfil our legitimate interests as a trade union and professional body.

Managing membership includes administering membership records, the balloting of members and potential members; providing and organising activities; representation and legal services; professional indemnity insurance; education; research; monitoring for equal opportunity purposes; journalism and media; advising you of our services; maintaining our own accounts and records.

We will share some of your information with the College of Radiographers, the charitable subsidiary of the Society, which we work with to shape policy and standards, pioneer new ways of working, and ensure a safe and fair workplace.

Your email address will be made available to your representative and council member.

We will retain your personal information for the duration of your membership with the Society. When your membership expires we will continue to retain some of your information to verify your membership if needed.

We will send you relevant information about the services we provide to our members as part of your membership benefits.

If you would like us to contact you occasionally with other information which may be of interest to you, please tick the boxes below to tell us how you would like to receive this. You can choose to unsubscribe from receiving this information at any time.

By post ☐ By telephone ☐

By email ☐ By text message ☐

We will not share your personal information with any other organisation without your prior consent, unless we are required to do so by law.

For further information on how your information is used, how we maintain the security of your information, and your rights to access the information we hold on you, please see our privacy statement <http://www.sor.org/privacy-statement> or contact the Data Protection Officer at dpo@sor.org or at The Society of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW. If you have any concerns about how we handle your data, you can also contact the Information Commissioner's Office at <https://ico.org.uk/global/contact-us/>.

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6. Optional demographic data

What sex were you registered at birth? Male ☐ Female ☐ Prefer not to say ☐

Is the gender you identify with the same as your sex registered at birth?

Yes ☐ No — please describe your gender identity

Prefer not to say ☐

Do you consider yourself to be disabled, neurodivergent and/or to have a long-term health condition?

Physical disability ☐ Neurodivergence ☐

Sensory impairment ☐ Long-term health condition ☐

Mental health condition ☐ Prefer to self-describe ☐

Learning disability or learning difficulty ☐ Prefer not to say ☐

Which of the following best describes your sexual orientation?

Heterosexual ☐ Other sexual orientation — please describe

Gay or lesbian ☐ Prefer not to say ☐

Bisexual ☐

What is your ethnic group?

Asian, Asian British or Asian Welsh:

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐

Any other Asian background — please describe

Prefer not to say ☐

Black, Black British, Black Welsh, Caribbean or African:

Caribbean ☐ African ☐

Any other Black, Black British, Black Welsh, Caribbean or African background — please describe

Prefer not to say ☐

Mixed or Multiple ethnic groups:

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Any other Mixed or Multiple ethnic background — please describe

Prefer not to say ☐

White:

English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gypsy or Irish Traveller ☐

Roma ☐

Any other White background — please describe

Prefer not to say ☐



Other ethnic group:

Arab ☐

Any other ethnic group — please describe

Prefer not to say ☐

What is your religion or belief?

No religion ☐

Jewish ☐

Christian ☐

Muslim ☐

Buddhist ☐

Sikh ☐

Hindu ☐

Any other religion or belief — please describe

Prefer not to say ☐

➤ Society of Radiographers Political Fund — Notice of willingness to contribute to the political fund. The Society campaigns to protect the interests of members and patients. The political fund allows us to campaign on behalf of radiographers and patients at critical times. Please visit our website for more information.

I hereby give notice that I agree to contribute to the political fund of the Society of Radiographers. I understand that the additional quarterly payment of 60p will be taken from my account using the same direct debit that I have set up for the monthly payment of my membership subscription.

I agree to join the political fund ☐

I do not agree to join the political fund ☐

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 into 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 have read and understood the data privacy notice provided in **5. Data Protection Act 2018**. 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

Continue to the next page





SoR
THE SOCIETY OF
RADIOGRAPHERS



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

The Society of Radiographers
Membership Department
207 Providence Square
Mill Street
London SE1 2EW

Service user number

9	4	1	0	9	8
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FOR THE SOCIETY OF RADIOGRAPHERS OFFICIAL USE ONLY

This is not part of the instruction to your Bank or Building Society

**PLEASE COMPLETE THIS PART OF THE MANDATE WITH YOUR
SOR MEMBERSHIP NUMBER (IF KNOWN) AND YOUR POSTAL
ADDRESS**

SoR Membership No.....

Name:.....

Address:.....

.....

Instruction to your bank or building society

Please pay The Society of Radiographers Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Society of Radiographers and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager

Bank/building society

Address

Postcode

Reference

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Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The Society of Radiographers will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Society of Radiographers to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Society of Radiographers or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when The Society of Radiographers asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.