

# Join the SoR today! Membership form



## 1. Personal information

Surname \_\_\_\_\_ Title: Mr/Mrs/Miss/Ms/Other (delete as appropriate)  
Forename(s) \_\_\_\_\_ Any previous surnames \_\_\_\_\_  
Date of birth \_\_\_\_\_ SoR Membership Number (if applicable) \_\_\_\_\_  
Gender M/F (delete as appropriate)  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Country \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email address \_\_\_\_\_

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which is substantial and has a long term adverse effect on someone's ability to carry out normal day-to-day activities. To help us to be aware of your disability needs please complete the following:

Are you disabled? **YES/NO** (delete as appropriate)

If yes, what support facilities do you need? \_\_\_\_\_

## 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](mailto: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 \_\_\_\_\_

### **Associated Professional**

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

### **Assistant Practitioner**

This category is only open to assistant practitioners who are accredited by the College of Radiographers

### **Radiographic Helper or Administrative or Clerical Officer**

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

### Reduced Rate

This may be available if you are a radiographer or associated professional earning less than the starting salary at NHS pay band 5. Please tick the box if you would like further information, or visit <http://www.sor.org/being-member/join-us> 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 (formerly 'overseas') 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 individual 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 the title, dates and awarding body for all relevant professional qualifications.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

Please state your principal areas of practice or professional interest \_\_\_\_\_

## 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)

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_



Name and Address of Workplace

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_

Department or Section \_\_\_\_\_

Job Title \_\_\_\_\_

NHS Pay Band (if applicable) \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Work e-mail address \_\_\_\_\_

Are you (please circle) 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

**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)

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_

Name and Address of Workplace

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_

Department or Section \_\_\_\_\_

Job Title \_\_\_\_\_

NHS Pay Band (if applicable) or approximate salary \_\_\_\_\_



Work Telephone Number \_\_\_\_\_

Work e-mail address \_\_\_\_\_

Are you (please circle) 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

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

## 5. Data Protection Act

The Society of Radiographers uses personal information to enable us to provide a range of services to our members which includes administrating membership records including the balloting of members and potential members; providing and organizing activities for union members; representation and legal services; professional indemnity insurance; education; research; monitoring for equal opportunity purposes; journalism and media; promoting our services; maintaining our own accounts and records; supporting and managing our employees and volunteers.

If you would prefer not to receive promotional mailings, please write in to the Data Protection Officer at The Society of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW. For detailed information about how we use your information please see [www.sor.org/privacy-statement](http://www.sor.org/privacy-statement).



## 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 backgrounds

### 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 \_\_\_\_\_

**Please ensure that all parts of the form are complete and that you have filled in the direct debit mandate (UK only). Outside of the UK you may send a banker's draft in GBP pounds sterling payable to 'The Society of Radiographers'.**



The Society & College 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
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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:.....

Name(s) of account holder(s)


Bank/building society account number

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Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

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

Reference

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

## 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.