

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 _____

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. 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 are you studying:

a) Bachelors Degree with Honours (approved for HCPC registration)

b) Post Graduate Diploma (approved for HCPC registration)

c) Masters Degree (approved for HCPC registration)

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

Date of 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



The Society & College of
Radiographers

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 qualifications)

BTEC Bachelors Degree Masters Degree 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: _____

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 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)

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 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.



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.....





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

Service user number

9	4	1	0	9	8
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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	

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:.....

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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

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.