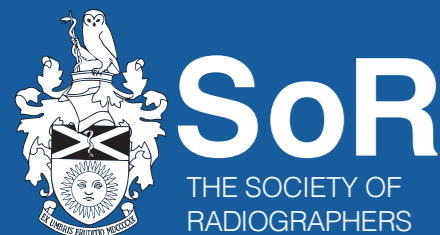


International membership of the Society of Radiographers gives you access to a library of professional publications and learning resources. These include electronic access to our journals and magazines, including Radiography, the internationally acclaimed peer reviewed journal of the Society of Radiographers and the European Federation of Radiography Societies (EFRS). We are continuing to develop our programme of conferences and events to include webinars you can access from anywhere in the world at advantageous member rates. Our documents library provides advice and guidance on a range of professional and practice issues and these publications come with academic reference to enable you to continue your studies or research with ease.

Of course, you may take international membership if you are a UK trained radiographer working overseas and wishing to keep in touch with professional developments in the UK.

It is important to note that international membership does not include access to our industrial relations or trade union services, or our professional indemnity insurance. If you move to the UK to practice as a radiographer you must contact us to adjust your membership so that these benefits (if applicable) can be added.



The Society and College of Radiographers
 Membership Department
 Quartz House, 207 Providence Square, Mill Street, London SE1 2EW
 t: 0207 740 7200
 e: membership@sor.org
 w: www.sor.org

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Join the SoR today! Membership form - international members



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) _____
 Sex Male/Female/Not Stated (Delete as appropriate)
 Address _____
 _____ Post or zip code _____
 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. International Membership

Your membership gives you access to the Society and College of Radiographers' website and electronic versions of our journals, magazines, publications and some educational resources. Please note that it does not include professional indemnity insurance (PII), workplace representation or any other benefits relating to your employment.

If you are registered to work in the United Kingdom please provide your HCPC number _____
 Please provide the details of any relevant statutory regulation or voluntary registers in your country of residence _____

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

Name and Address of Employer (i.e. Clinic, Hospital, employing Authority or Company)

_____ Post or zip code _____

Name and Address of Workplace

_____ Post or zip code _____

Department or Section _____

Job Title _____

Work Telephone Number _____

Work e-mail address _____

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

Name and Address of Employer (i.e. Clinic, Hospital, employing Authority or Company)

_____ Post or zip code _____

Name and Address of Workplace

_____ Post or zip code _____

Department or Section _____

Job Title _____

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? _____

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



5. Data Protection Act 2018

The data we hold about you is subject to the laws of the United Kingdom and the following provides an explanation of how we manage this.

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 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 in order to be able to prove 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 email By telephone 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/>.

6. 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 have read and understood the data privacy notice provided in the General Data Protection Regulation section. 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. You may make payment by sending a bankers draft in GBP pounds Sterling payable to 'The Society of Radiographers', or contact us if you wish to pay by debit or credit card.

