

Join the **SoR** today!

# Membership form for student radiographer



## 1. Personal information

Surname \_\_\_\_\_ Title: Mr Mrs Miss Ms Other (Tick as appropriate)

Forename(s) \_\_\_\_\_ Any previous surnames \_\_\_\_\_

Date of birth \_\_\_\_\_ Age at start of course \_\_\_\_\_

Gender Male Female Not Stated (Tick 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** (tick 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



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### 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** (tick as appropriate)

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

### 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 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](mailto: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. Optional Demographic Data

### 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 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.....





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## 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:.....

.....

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

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.