Health Practitioner Membership

Royal College of Nursing

Application Form 2017

Health practitioner membership includes those working as a health care assistant (HCA), health care support worker (HCSW), assistant practitioner (AP) and those who meet the eligibility criteria agreed by RCN Council (see declaration overleaf).

Section 1: About you

Source code

For office use only

Title (Mr, Mrs, etc)

Surname

Forenames (in full)

Address for correspondence
(Please note the address given will be used in the event of a ballot.)

Postcode

Home tel. no.

Mobile tel. no.

Home/work email address
(Delete as appropriate. Please print clearly.)

Please tick how you would prefer to receive correspondence: Email ☐ Post ☐

Date of birth D D M M Y Y

If you have been a member of the RCN before, please enter your previous membership number here.

RCN privacy statement

We like to keep you informed about services, campaigns, events, publications and new initiatives. It is also important for us to find out your views on a range of issues. This may be by post, telephone or electronic means. Should you not want us to do this, please tick this box. ☐

Please tick this box if you would like to be informed by post or email of favourable rates on a variety of externally provided services. ☐

Equal opportunities

The Royal College of Nursing believes strongly in equal opportunities. In order to ensure that our services are meeting the needs of every one of our members, we would ask you to choose the following ethnic group that best describes you. This information will be treated in the strictest confidence and will only be used to evaluate membership trends:

WHITE	☐ White British (11)	☐ White Irish (10)	☐ White any other background (12)
BLACK OR BLACK BRITISH	☐ Black African (3) ☐ Black any other background(4)	☐ Black Caribbean (2) ☐ Any other group (9)	☐ Black British (19)
ASIAN OR ASIAN BRITISH	☐ Asian Bangladeshi (7) ☐ Asian any other background (17)	☐ Asian Indian (5) ☐ Chinese (8)	☐ Asian Pakistani (6) ☐ Arab (20)
MIXED	☐ Mixed White and Black Caribbean (13) ☐ Mixed White and Asian (15)	☐ Mixed White and Black African (14) ☐ Mixed any other background (16)	

Place of work

Name and address of hospital, nursing home, etc. For example, Watford General Hospital.

Postcode

Your employer

Name and address of trust, GP practice, agency, health authority, etc. For example, West Hertfordshire NHS Trust.

Postcode

Your job

Job title is indicative. We may record your job title slightly differently on the membership system to best match existing values.

Job title

Band

Declaration

I declare that I am eligible for the health practitioner membership and:

- I work, providing health or social care in any setting, under the guidance and supervision of a registered nurse, midwife or health visitor and I am not on a professional register (such as NMC or HCPC)

Except for Northern Ireland

- I work in health/social care in Northern Ireland, under the guidance and supervision of a registered nurse, midwife or health visitor and I am not on a professional register other than that held by the Northern Ireland Social Care Council.

Except for Scotland

- I work in health/social care in Scotland, under the guidance and supervision of a registered nurse, midwife or health visitor and I am not on a professional register other than that held by the Scottish Social Services Council.

Please note if you have a current registration with the Nursing and Midwifery Council, you are not eligible for health practitioner membership and you must take out nurse membership of the RCN.

I acknowledge that it is my responsibility to inform the RCN if there is any change to my personal or workplace details.

Signed

Date D D M M Y Y

Section 2: Payment options

Please tick the box to indicate which category you wish to join and your frequency of payment.

Membership categories	Monthly fee	Annual fee	Approximate annual tax saving*
Health practitioner full	☐ £8.20	☐ £98.43	£19.69
Health practitioner 1st year discount**	☐ £4.10	☐ £49.21	£9.84
Health practitioner retired	☐ £0.84	☐ £10.00	

* Because the RCN is an approved professional body, you can make a claim for tax relief against your RCN subscription. For full details on tax relief including how to make a claim visit www.rcn.org.uk/taxrelief

** 1st year discount is for health practitioners who have not previously held membership with the RCN. This is available for one year then you will automatically be transferred to the health practitioner full category.

For further information on all membership categories please call 0345 772 6100 or visit www.rcn.org.uk/join

Method of payment

Please complete either A, B or C

A. Direct Debit - please select either ☐ monthly payment or ☐ annual payment

Royal College of Nursing

DIRECT Debit

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

FREEPOST
ROYAL COLLEGE OF NURSING

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

Service user number

9	9	0	4	5	8

Name(s) of account holder(s)

Reference

Instruction to your bank or building society
Please pay the Royal College of Nursing 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 Royal College of Nursing and, if so, details will be passed electronically to my bank/building society.

Branch sort code

Bank/building society account number

Name and full postal address of your bank or building society

To: the Manager Bank/Building Society

Address

Postcode

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account. DDI1

This Guarantee should be detached and retained by the payer

The Direct Debit Guarantee

DIRECT Debit

- 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 Royal College of Nursing will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the Royal College of Nursing 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 Royal College of Nursing 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 Royal College of Nursing 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.

B. Credit card/debit card - annual payment

Mastercard/Visa/Maestro card number *(please delete where appropriate)*

Card valid from M M Y Y

Card expiry date M M Y Y

Issue number (Maestro)

Card security code number (3 digit number on back of card)

Name and address of cardholder (if different from applicant)

Title (Mr, Mrs, etc)

Name

Address

Postcode

Signed

Date D D M M Y Y

C. Cheque/ PO/cash - annual payment

☐ I enclose a Cheque/PO made payable to the Royal College of Nursing

☐ I have paid cash to an RCN representative (Please do NOT send cash through post)

Name of representative and receipt number (if available)

To be kept by applicant

To join:

You can join in one of four ways:

1. Complete an online application at www.rcn.org.uk/join
2. Download an application form from www.rcn.org.uk/join
3. Call RCN Direct on 0345 772 6100
4. Complete this application form and return it to:

FREEPOST
ROYAL COLLEGE OF NURSING

If you are sending bank/credit card details by post, you should consider sending your application by registered post or special delivery.

To join the RCN in another category (nurse or student member) please follow point 1, 2 or 3 above.

Thank you for joining the RCN

A welcome letter, including your membership number and card will be posted to you within 10 working days of processing your application form. If you have provided us with an email address, we will email you within two working days of processing your application with your membership number, enabling you to access member-only areas of the website.

006 190. June 2017. All information in this application form is correct at the time of going to press.