



**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

## 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	<input type="checkbox"/> £8.20	<input type="checkbox"/> £98.43	£19.69
Health practitioner 1st year discount**	<input type="checkbox"/> £4.10	<input type="checkbox"/> £49.21	£9.84
Health practitioner retired	<input type="checkbox"/> £0.84	<input type="checkbox"/> £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](http://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](http://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



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

Royal College of Nursing, New Members,  
FREEPOST WD2215, Cardiff CF23 8XG

## 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



- 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.

