

CONFIDENTIAL



AFFILIATE APPLICATION FORM

THE INFORMATION ENTERED ON THIS FORM IS THE BASIS OF YOUR PERMANENT BDA RECORD.
PLEASE WRITE CLEARLY USING BLOCK CAPITALS (SMALL CASE FOR EMAILS IF APPLICABLE)

Affiliate Membership is open to Nutritionists/Dietitians who work in the field of human nutrition, but who are not eligible for State Registration in the UK. If you are eligible, or have ever been eligible, to be Registered in the UK with the Health Professions Council, you must apply for Full Membership of The British Dietetic Association.

When do you wish your membership to commence (please tick one)

1 March		1 June		1 September		1 December	
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<p>Surname</p> <p>First name(s)</p> <p>Title Mrs / Miss / Ms / Mr / Dr. /Prof. Gender M / F</p> <p>Maiden/Former Name Date of Birth</p>	<p><i>Office Use Only</i></p> <p>Membership No</p> <p>Date of Election</p>
<p>Home Address</p> <p>.....</p> <p>Town County</p> <p>Post Code Country</p> <p>Tel No (with STD Code)</p> <p>Fax No (with STD Code)</p> <p>Email: Mobile</p>	<p><i>Please indicate whether you would like your mail sent to your Home or Work address.</i></p> <p>.....</p>
<p>Work Address</p> <p>.....</p> <p>Town County</p> <p>Post Code Country</p> <p>Tel No (with STD Code)</p> <p>Ext. No Bleep No</p> <p>Fax No (with STD Code)</p> <p>Email</p>	<p>Employment Region</p> <p>.....</p> <p>Employer</p> <p>.....</p> <p>Position:</p> <p>Grade:</p>

P.T.O.

TRAINING

Please list below all relevant **undergraduate** and **postgraduate** qualifications. Even if you have undertaken your nutrition/dietetic training only at a postgraduate level you must still include details of your undergraduate degree(s).

You must also list any periods of practical training included in the course of study.

Name of college and dates, titles of degrees and diplomas, etc. (or courses for these).

Must be given in full

COURSE – DATE COMMENCED AND DURATION	NAME OF DEGREE AND TYPE OF PRACTICAL TRAINING.	PLACE OF STUDY AND PRACTICAL TRAINING.

ENCLOSURES REQUIRED

- a) Enclose photocopy of your **degree** and/or **post graduate certificates(s)**.
- b) Please list all relevant **memberships** of other **Professional or Scientific Bodies** and enclose proof of membership.
- c) Applicants whose training has taken place entirely outside the United Kingdom are required to provide proof of their membership of their home country Professional Association and additional photocopies of their **degree** and/or **post graduate certificate(s)**.

EMPLOYMENT (Current or most recent position where you were practicing in a dietetic/nutrition related field) Please continue on a separate sheet if necessary.

DATES	POST HELD	PLACE/EMPLOYHER

If you are willing to allow the BDA to provide other members with your details please tick here.

I agree to abide by any Code of Conduct, professional practice guidelines, professional standards or other guidance issued by the BDA. By applying for membership of the BDA I agree to abide by the standards of practice and conduct expected by the professional association and will be accountable to the BDA for any breaches of those standards

Signed _____ Date _____

This form must be completed correctly and returned along with proof of previous/current/ eligible HPC registration in the UK and payment for your subscription, otherwise it will be returned to yourself for amendment which could delay your application.

This form will be processed in accordance with the Data Protection Act. Your details will not be divulged to any Third Party without your express written permission.

Please send to: The Membership Co-ordinator, The British Dietetic Association, 5th Floor, Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT. (Direct Tel: 0121 200 8067)