

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

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. I undertake to notify the BDA of any criminal convictions, disciplinary, regulatory or other action which may be considered to bring the profession or the BDA into disrepute

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed correctly and returned along with proof of your qualifications 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, 5<sup>th</sup> Floor, Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT. (Direct Tel: 0121 200 8067)

## Equality monitoring

This information is requested to comply with legal requirements. Your details will be treated confidentially and in compliance with the Data Protection Act.



What is your gender? (Please tick one box only):

Female		Male		Prefer not to say	
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What is your age? (Please tick one box only):

18 to 20		31 to 40		51 to 60		Over 70	
21 to 30		41 to 50		61 to 70			

What is your ethnic origin? (Please tick one box only):

Asian/Asian British		Black/Black British	
Bangladeshi		African	
Indian		Caribbean	
Pakistani		Any other Black background (Write in)	
Chinese			
Any other Asian background (write in)			
		White	
		White European	
Mixed/Multiple ethnic groups		White English	
White and Black Caribbean		White Irish	
White and Black African		White Scottish	
White and Asian		White Welsh	
Any other Mixed background (write in)		Any other White background (write in)	
Other ethnic group			
Any other ethnic group (Write in)		Prefer not to say	

What is your sexual orientation? (Please tick one box only):

Bisexual		Lesbian/Gay Woman	
Homosexual/Gay man		Heterosexual/straight	

Prefer not to say	
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Do you identify yourself as Transgendered? (Please tick one box only):

Yes		No		Prefer not to say	
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Do you have a disability or longstanding illness? (Please tick one box only):

Yes		No		Prefer not to say	
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What is your religion? (Please tick one box only):

No religion			
Christian (including Church of England, Catholic, protestant and all other Christian denominations)			
Buddhist			
Hindu			
Jewish			
Muslim			
Sikh			
Any other religion		Write in	
Prefer not to say			