



CONFIDENTIAL



ALLIANCE MEMBER APPLICATION FORM

THE INFORMATION ENTERED ON THIS FORM IS THE BASIS OF YOUR PERMANENT BDA RECORD. PLEASE WRITE CLEARLY USING BLOCK CAPITALS

The Alliance membership is available to anyone with an occupational interest in nutrition and dietetics, who supports the aims of The British Dietetic Association and who is not eligible for membership in any other category. This could include food workers not supervised by a dietitian; catering managers and staff in any setting including health, care, schools, prisons, hospitality; doctors; nurses; Allied Health Professionals; food scientists or technologists; public health or health promotion staff or health trainers. If you are in doubt then please apply for membership so we can consider your suitability. Each application will be considered individually.

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

1 March		1 June		1 September		1 December	
---------	--	--------	--	-------------	--	------------	--

<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/Zip Code Country</p> <p>Tel No (with STD/Country Code)</p> <p>Ext. No Bleep No</p> <p>Fax No (with STD/Country Code)</p> <p>Email</p>	<p>Employer</p> <p>.....</p> <p>Job title</p> <p>.....</p> <p>Grade:</p>

P.T.O.

BACKGROUND INFORMATION

Please write a supporting statement to describe why you should be considered to join The British Dietetic Association as an alliance member. Please include your current job role and any professional qualifications you have to support your application.

PROFESSIONAL QUALIFICATIONS

OTHER PROFESSIONAL MEMBERSHIPS

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

I support the aims of the BDA. I agree to abide by the standards of conduct expected by a professional association.

Signed Date

This form must be completed correctly and returned with payment for your subscription, otherwise it could delay your application.

The aims of the BDA can be found on our website at www.bda.uk.com/whatwedo.html

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.

The BDA reserves the right to refuse membership or to investigate anything which may lead to your membership being withdrawn.

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)

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	
--------	--	------	--	-------------------	--

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	
-------------------	--

Do you identify yourself as Transgendered? (Please tick one box only):

Yes		No		Prefer not to say	
-----	--	----	--	-------------------	--

Do you have a disability or longstanding illness? (Please tick one box only):

Yes		No		Prefer not to say	
-----	--	----	--	-------------------	--

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			