



ASSOCIATE MEMBERSHIP APPLICATION FORM FOR DIETETIC SUPPORT WORKERS

**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)**

Associate Membership is open to Dietetic Support Workers who must meet the following criteria:

- (i) Be working under the direct supervision of a Registered Dietitian
- (ii) Be working to the Code of Professional Conduct for Dietetic Support Workers
- (iii) Have completed or be currently undertaking initial nutrition and dietetic training relevant to the duties and responsibilities of the post
- (iv) Membership is by annual subscription and completion of application form

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 style="text-align: center;"><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 style="text-align: center;"><i>Please indicate whether you would like your mail sent to your Home or Work address.</i></p> <p style="text-align: center;">.....</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>

EDUCATION & EXPERIENCE:

Please briefly include any qualifications and relevant experience

TO BE COMPLETED BY APPLICANT:

I confirm that I am a dietetic support worker working under the direct supervision of a Registered Dietitian and that 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 _____

Applicants applying under this category *must* be dietetic support workers only. If your circumstances change (for example, if you become eligible for full membership or leave the profession) you must let us know. The BDA reserves the right to take appropriate action against individuals who provide false information.

MEMBERSHIP FEE:

The full associate membership fee for the year **2010/2011** is **£81.00**.

The payment method options for associate members joining with effect from 1st March are as follows:

- (a) One cheque payment **£81.00**
- (b) A one-off direct debit payment of **£76.00** (including a £5.00 discount)
- (c) 10 monthly instalments totalling **£86.00** (including a £5.00 administration charge) beginning 1st March with a payment of £13.10 and followed by 9 further payments of £8.10 until 1st December 2010.

Please note: for payment by direct debit instalments, mandate forms must be returned to the BDA office no later than 8 January each year. Payment by instalments is not available when joining part way through a year.

For new associate members joining part way through the year, there are three key joining points and the following fees apply. Payment can only be made by cheque. However, subsequent years' membership fees may be paid by credit card and direct debit, provided a direct debit mandate form is completed and returned to the BDA office by the beginning of January. Direct debit mandate forms are available from the Membership Co-ordinator at the address below.

1 st June joining	£60.75
1 st September joining	£40.50
1 st December joining	£20.25

Existing BDA members can pay by credit card by calling our accounts team on 01634 840440.

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

This form must be completed correctly and returned along with payment for your subscription, otherwise it will be returned to you 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: Pauline Cotterill, 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	
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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			