



CONFIDENTIAL



## INTERNATIONAL MEMBERSHIP APPLICATION FORM

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

International member category has been developed to encourage sharing of nutrition and dietetic practice across the world. If you:

1. have undertaken recognised education and training in nutrition and dietetics overseas, *and*
2. are not currently registered in the UK and are not practising in the UK, *and*
3. are a full member of a dietetic association recognised by ICDA or EFAD or a member of a dietetic association which has similar aims to the BDA, you are eligible for International Membership.

If you are in this category and you obtain HPC registration to work in the UK you must transfer to the full member category. If you are a UK trained Dietitian working overseas and a full member of the association of the country in which you practise you can retain BDA full membership or become an international member. You need to be aware that International Members cannot vote and professional indemnity insurance/Trade Union support is not included.

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/Zip Code</b> ..... <b>Country</b> .....</p> <p><b>Tel No ( with STD/Country Code)</b> .....</p> <p><b>Fax No ( with STD/Country 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/Zip Code</b> ..... <b>Country</b> .....</p> <p><b>Tel No (with STD/Country Code)</b> .....</p> <p><b>Ext. No</b> ..... <b>Bleep No</b> .....</p> <p><b>Fax No ( with STD/Country Code)</b> .....</p> <p><b>Email</b> .....</p>	

Have you ever been subject to disciplinary measures by a regulatory body in this country or overseas?	Yes / No
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*Cost of membership depends on when you join, how you pay and type of membership.  
These costs are available on the website [www.bda.uk.com](http://www.bda.uk.com) or on request from the BDA Office.*

**BDA SPECIALIST GROUPS/ BRANCHES**

There are a number of Branches and Specialist Groups of the BDA. Details of these are available on the web site at [www.bda.uk.com](http://www.bda.uk.com)

**QUALIFICATIONS**

**Name of College/University** .....

**Award** .....

**Date Commenced** ..... **Date Qualified** .....

**DIETETIC ASSOCIATION OF WHICH YOU ARE A MEMBER**.....  
**(Please send a copy of your current membership certificate or card with your application.)**

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 along with proof of your membership of an overseas dietetic association (copies only please do not send originals) and 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](http://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, 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			