

TRAINING: Name of college and dates, titles of degree and diplomas, etc (or courses for these) **Must be given in full.**

Diploma/Degree

Name of College/University

Date course commenced Duration of Course

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 APPLICATION MUST BE SIGNED BELOW BY YOUR COURSE TUTOR AT THE COLLEGE YOU ARE ATTENDING. IF YOU ARE ON PLACEMENT THEN YOU SHOULD HAVE THE FORM SIGNED BY THE HEAD OF THE DIETETIC DEPARTMENT WHERE YOU ARE ON PLACEMENT. WHOEVER SIGNS YOUR FORM MUST BE A CURRENT FULL MEMBER OF THE BDA.

NAME OF TUTOR/HEAD OF DEPARTMENT

SIGNATURE:

This form must be completed correctly signed accordingly and sent along with 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)