



Student Membership Form



Let your dietetic career grow today...



STUDENT MEMBERSHIP APPLICATION FORM

Student membership year runs 1 November - 31 October each year.
You can join at any time during the year but the cost will still be £31.00.

If you are in your first year the membership is free as a special offer for 2010/11 but you must return a direct debit mandate to us for the following years.

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)

Surname _____

First name(s) _____

Title Mrs / Miss / Ms / Mr / Dr. /Prof. Gender M / F

Maiden/Former Name _____ Date of Birth _____

Permanent Home Address _____

Town _____ County _____

Post Code _____ Country _____

Tel No (with STD Code) _____

Email _____ Mobile _____

Term Time Address (if different from above) _____

Town _____ County _____

Post Code _____ Country _____

Tel No (with STD Code) _____

Email _____ Mobile _____

PLEASE TICK WHICH OF THE ADDRESSES STATED ABOVE YOU WOULD LIKE YOUR
CORRESPONDENCE SENT TO

Permanent Home Address Term Time Address

Which email address would you prefer to be contacted on?

Permanent Home Term Time

Office use Only

Membership Number _____

Date Joined _____

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

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.

Cheque made payable to The British Dietetic Association enclosed for £31.00

Direct Debit mandate required for first year students ONLY

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			