

NBE MEMBERSHIP APPLICATION and RENEWAL FORM April 2011 – March 2012

Linden Barns, Greens Norton Road, Towcester, Northamptonshire NN12 8AW. Tel: 01327 358855.

email: admin@nationalbackexchange.org www.nationalbackexchange.org

PAYMENT OF £45.00 MUST ACCOMPANY THIS FORM. Please make cheque payable to 'National Back Exchange'.

If you wish to pay by BACS/Credit Transfer details as follows: Account Name : National Back Exchange, Sort Code: 20-61-55,

Account No: 50969001 **PLEASE ENSURE YOUR MEMBERSHIP NUMBER or FULL NAME IS CLEARLY SHOWN ON THE TRANSACTION.**

FAILURE TO USE IDENTIFICATION WILL RESULT IN DELAYS IN YOUR APPLICATION. IT IS YOUR RESPONSIBILITY TO PROVIDE

IDENTIFICATION. Ensure all entries are legible. **PLEASE NOTE:** membership is not pro-rata: if you join throughout the year

you will receive all issues of Column for that subscription year. To become a Registered Member - please contact

Administration Office for an Application Form or visit the website.

Are you a new member: Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Registered Member Yes <input type="checkbox"/> No <input type="checkbox"/>		Membership Number	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth:
Initials:		First Name:		Surname:	
Local Group: If you are a member of a Local Group please tick which one(s). Groups are listed in Regions					
NORTH		EAST		SOUTH	
Lancashire & Greater Manchester <input type="checkbox"/>		East Anglia <input type="checkbox"/>		Kent <input type="checkbox"/>	
Northern <input type="checkbox"/>		East Midlands <input type="checkbox"/>		Oxford <input type="checkbox"/>	
Northern Ireland <input type="checkbox"/>		Essex <input type="checkbox"/>		Somerset, Avon & Gloucester <input type="checkbox"/>	
Scottish <input type="checkbox"/>		London <input type="checkbox"/>		Southern <input type="checkbox"/>	
Yorkshire <input type="checkbox"/>		Northern Home Counties <input type="checkbox"/>		Sussex <input type="checkbox"/>	
		South London <input type="checkbox"/>		Ethnic Origin : [this field is optional]	
Please tick if you are a member of a Special Interest Group(s):					
Bariatrics <input type="checkbox"/> Community & Social Services <input type="checkbox"/> Complex Handling <input type="checkbox"/> Paediatrics <input type="checkbox"/> Theatres Northern Group <input type="checkbox"/>					
How did you hear about NBE? Column <input type="checkbox"/> Colleague/NBE current member – full name Courses <input type="checkbox"/>					
Website <input type="checkbox"/> Other <input type="checkbox"/> (please specify)					
Address Details: Please note that Correspondence details will not appear in the Directory					
Correspondence Address:			Private Telephone No:		
Town:			Private Mobile No:		
Post Code:			Private email:		
Directory Address: <input type="checkbox"/> PLEASE NOTE: DETAILS WILL ONLY BE INCLUDED IN THE ON-LINE DIRECTORY IF THIS BOX IS TICKED. PLEASE ONLY INCLUDE THE INFORMATION REQUESTED.					
NB IT IS YOUR RESPONSIBILITY TO ENSURE ALL DETAILS ARE LEGIBLE					
Name of Employer :			Directory Telephone No:		
Company/Organisation Name:			Directory Mobile No:		
Town:			Directory email:		
Post Code:					
Are you happy to have your contact details given out to any party outside of the NBE Membership? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Employment Details: Please tick the boxes below that most suits your employment details					
Position Held: Advisor – Strategic Lead <input type="checkbox"/> Advisor – non Strategic <input type="checkbox"/> Commercial <input type="checkbox"/> External Consultant <input type="checkbox"/>					
Lecturer <input type="checkbox"/> Link Worker <input type="checkbox"/> Trainer (non Strategic) <input type="checkbox"/> Other – please specify					
Qualifications: Ergonomist <input type="checkbox"/> Midwife <input type="checkbox"/> NVQ Assessor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/>					
Radiographer <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other (Please state)					
Type of Organisation: Education Authority <input type="checkbox"/> Industry <input type="checkbox"/> NHS Acute <input type="checkbox"/> NHS Mental Health <input type="checkbox"/>					
NHS Primary Care Trust <input type="checkbox"/> Private Company <input type="checkbox"/> Private Hospital <input type="checkbox"/> Self Employed <input type="checkbox"/> Shared Services <input type="checkbox"/>					
Social Services <input type="checkbox"/> University <input type="checkbox"/> Voluntary <input type="checkbox"/> Charity <input type="checkbox"/> Other (Please state)					
Payment Method Please tick :			Signature		
Cheque <input type="checkbox"/> BACS <input type="checkbox"/> Bank Transfer <input type="checkbox"/>			Date:		
Payment Amount : £		Reference Number :		Send form with Payment to address above	