

**Membership Application Form***Please note that membership fees are currently waived until further notice.*

Rates are reviewed at the start of each financial year.

Please complete this form and email it to **info@bacaph.org.uk**

Yes / No - I am a paediatric or public health trainee *(delete as applicable)*

Yes / No - I am a member of the Faculty of Public Health *(delete as applicable)*

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| YOUR CONTACT DETAILS |
| First name |  |
| Last name |  |
| Job Title |  |
| Organisation |  |
| Email |  |

BACAPH will hold the data on this form for the purpose of administering your membership, and will not share your personal data with other organisations without consent, unless required by statute.

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| **YOUR WORK AND INTERESTS (please mark all applicable boxes)**We would be pleased to hear more about you and how BACAPH can meet your needs |
| **Your professional background:**Allied Health ProfessionalHealth VisitorPaediatricianPublic health physician/specialistVoluntary sector workerOther | [ ] [ ] [ ] [ ] [ ] [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Your areas of interest within child and adolescent public health? |

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| SIGNATURE AND DATE *(we will accept a typed signature)* |
| Signed: | Date: |

**Please opt-in to receive email communications from BACAPH** *(delete as applicable)*:

General information – occasionally we contact members to highlight an event (conference, webinar) of interest, distribute our monthly bulletin, or request feedback on a particular topic.

Yes / No - I would like to receive the BACAPH bulletin

Yes / No - I would like to receive key updates outside of the bulletin