

APPLICATION FORM

Please print all pages of this form and post to the address below

First Name Middle Name Last Name

Title/Rank (Mr, Mrs, Ms, Col, Prof, etc.) Former Name (if applicable)

Post Nominals/Decorations

*Please underline your preferred name

Address

Postcode Email Address.....

Mobile.....Phone Number

Date of Birth/...../...../

Nursing Qualification(s).....

Nurse Training (date and place where completed)

NMC Pin

(If no longer on the Register, please give your previous NMC PIN, UKCC or GNC Registration Number)

Job Title Specialty.....

Current Role Please tick all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Not in Clinical Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Postgraduate student | <input type="checkbox"/> Research |
| <input type="checkbox"/> Management | <input type="checkbox"/> Nurse Education | <input type="checkbox"/> Nurse Specialist |
| <input type="checkbox"/> Nurse Entrepreneur | <input type="checkbox"/> Other | |

Last job title (If retired)

Preferred Professional Development areas:

Please indicate how you heard about the Company:

Proposer..... Secondar

Are you a member of any other Livery Company? Yes No

If so, please provide details of your Mother Company.

Have you been granted the Freedom of the City of London? Yes No

If so, please give the date of your Declaration

Please complete this page and choose a level of membership

Type of membership	Quarterage	Please tick
Annual	£65 + £25 one off joining fee	
Apprentice	£10	

- I would also like to make a donation of £.....to: The Company of Nurses

TOTAL PAYMENT: £.....

Please indicate below how you made your payment.

- I have paid electronically by BACS transfer

To: Lloyds Bank:
Sort code: 30-90-92
Acc no.: 32947968
Acc name: The Company of Nurses
On: Date:/...../.....
Reference: Please use your surname and 2 initials e.g. Smith E C

- I enclose a cheque payable to The Company of Nurses to the value of £.....

For ease of administration you are required to complete the Direct Debit mandate on page 3, in order that annual quarterage payments can in future be collected direct from your bank, if your application is successful.

Signed..... Date.....

I confirm that the information contained within this application form is accurate to the best of my knowledge and I give permission for The Company of Nurses to contact and communicate with me via email, telephone, text and post. I confirm that I have never been declared bankrupt and that I have no criminal convictions. I confirm that I have not been struck off the NMC register.

- I agree to inform the Company of any changes in my circumstances to membership@companyofnurses.org
- I give my explicit permission for The Company of Nurses to hold, process, and share internally and with the City of London Corporation my personal data, as contained within this form.

Signature Date

Please send completed form (and cheque where appropriate) to:

**The Company of Nurses
Apothecaries' Hall, Black Friars Lane, London EC4V 6EJ**

Thank you for helping us on our way to becoming a Livery Company and so creating a legacy for the generations of nurses who follow us



For The Nursing Profession - Past, Present & Future

Please fill in the whole form using a ball point pen and send it to:

The Company of Nurses
 c/o Apothecaries' Hall
 Black Friars Lane
 London
 EC4V 6EJ

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Reference

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Instruction to your bank or building society to pay by Direct Debit

Originator's Identification Number

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FOR The Company of Nurses OFFICIAL USE ONLY
 This is not part of the instruction to your bank or building society.

Instruction to your bank or building society

Please pay The Guild of Nurses Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Company of Nurses and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The Company of Nurses will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Company of Nurses to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Company of Nurses or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 If you receive a refund you are not entitled to, you must pay it back when The Company of Nurses asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.