The Company of Nurses
THE CITY OF LONDON
For The Nursing Profession - Past, Present & Future

APPLICATION FORM

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

First Name …….. Middle Name ……..…… Last Name …..……..……

*Please underline your preferred name

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

Post Nominals/Decorations .....

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 ……

* Current Role Please tick those boxes which best describe your current role

☐ Acute ☐ Community ☐ Education ☐ Health Visiting ☐ Independent
☐ Learning Disabilities ☐ Management ☐ Mental Health ☐ Midwifery ☐ Military Nursing
☐ Nurse Entrepreneur ☐ Nurse Specialist ☐ Occupational Health ☐ Paediatrics
☐ Postgraduate student ☐ Primary Care ☐ Private healthcare ☐ Research ☐ Residential care
☐ Social Care ☐ Student Nurse/Midwife
☐ Working outside of healthcare/nursing (please specify) ……..……
☐ Other (please specify) ……..
☐ Retired

* Previous areas of speciality Please tick all that apply

☐ Acute ☐ Community ☐ Education ☐ Health Visiting ☐ Independent
☐ Learning Disabilities ☐ Management ☐ Mental Health ☐ Midwifery ☐ Military Nursing
☐ Nurse Entrepreneur ☐ Nurse Specialist ☐ Occupational Health ☐ Paediatrics ☐ Primary Care
☐ Private healthcare ☐ Research ☐ Residential care ☐ Social Care
☐ Working outside of healthcare/nursing (please specify) ……..……
☐ Other (please specify) ……..

Preferred Professional Development areas: .....

Do you consider yourself to have a disability or to require reasonable adjustment when receiving Company communications or attending Company events? ☐ Yes ☐ No ☐ Prefer not to say

If Yes, please give us more details…….

Please indicate how you heard about the Company: ……..……

Proposer…… Seconder ……..……..……..

Are you a Freeman or Liveryman of another Company? ☐ Yes ☐ No
If you are a Liveryman, 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 admission to the Freedom of the City of London .....

Should your application to become a Freemen of the Company of Nurses be successful, would you be content for us to share your address and email with other Freemen on our Freemen only (Login) section of the website for the purposes of local friendships and networks? ☐ Yes ☐ No

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 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 4, in order that annual quarterage payments can in future be collected direct from your bank, if your application is successful.

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

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

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

Originator's Identification Number

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

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

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

Reference

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.