

Faculty of Occupational Health Nursing Membership Form

Membership type:

STUDENT AFFILIATE MEMBER CORPORATE MEMBER

Contact details:

Title:	Full name:		
Email:			
Phone number:		Mobile:	
Organisation:		Job title:	
Address:			

Additional information:

NMC registration number (if applicable):
Years of OH experience:
Are you in a management position? If so, would you be willing to offer work experience: Yes <input type="checkbox"/> No <input type="checkbox"/>

Acceptance

I declare that the provided information is true. I am in good standing with my professional regulators or relevant governing body and I am not subject to supervision and/or restrictions on my practice, nor the subject of any proceedings pending against me. I understand that being a member of the FOHN does not confer entitlement to any post-nominal qualifications or use of the FOHN logo. I understand that membership is for 12 months and may be withdrawn if I act contrary to the Constitution and charitable objectives of the FOHN.

Signature:	Date:
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Please return completed form to: admin@fohn.org.uk

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Membership fees:

STUDENT - £60	AFFILIATE - £80	MEMBER - £120	CORPORATE – 5% discount
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Payment details

Please indicate preferred option:

BACS transfer

Standing order

Payee:	FOHN
Sort code:	30-90-09
Account number:	47901660
Payment reference:	Your name

Please note: Following receipt of this membership form you will not be sent details of membership benefits until a confirmed payment has been received i.e. BACS payment or Standing Order payment.

Data protection:

The Faculty of Occupational Health Nursing (FOHN) is committed to protecting and respecting your privacy. We will take all reasonable steps to keep all personal data secure and in accordance with the principles of the General Data Protection Regulation (GDPR) 2018 and the Data Protection Act 2018 (DPA). It is necessary for the Faculty of Occupational Health Nursing to request permission to keep personal information on membership database and mailing list. This information is used to maintain an up to date list of members for communication purposes. We do not pass data to any third party. Full details of our privacy notice are available on our website www.fohn.org.uk.

I agree with the above conditions and hereby give permission for the above information to be stored in accordance with data protection regulations.

Signature:	Date:
Print Name:	

Please return completed form to: admin@fohn.org.uk