

THE SAFEGUARDING ASSOCIATION MEMBERSHIP FORM

Please complete in black ink using BLOCK CAPITALS.

Completed forms should be returned via email to bookings@safeguardingassociation.com.

All applications are subject to review by The Safeguarding Association.

APPLICANT DETAILS

Organisation Name:		VAT Reg Number:	
Organisation Address:			
Member name:			
Job Title:			
Work Telephone Number (incl. area code):		Work Mobile Number (incl. country code if outside UK):	
Work Email Address:			

SUBSCRIPTION DETAILS - Please confirm the type of membership subscription required for your organisation:

Organisation (education/residential home/foster agency/NHS trust/Ccg level (Lead plus 1 named member)	Yearly subscription fee:	£750 £497
Non profit/charity level (Lead only)	Yearly subscription fee:	£600 £397
Individual level	Yearly subscription fee:	£500 £300
Student (no 1-1)	Yearly subscription fee:	£97 £50
Additional members £90 each (discount for 5 plus members at £50)	Yearly subscription fee:	£90

PAYMENT DETAILS

All fees must be paid before membership is confirmed. Registration will not be completed until payment has been received.

Please ensure that correct payment is made for the type of membership. Any incorrect or missing payment details will delay your booking being processed.

The membership fee entitles the payee to 1 year's subscription to The Safeguarding Association.

Please refer to our Terms and Conditions.

Purchase Order Number:

Payment to be made via BACS or CHAPS.

Please make your payment to: **Safeguarding Practitioners Ltd**

Sort Code:	40-40-22	Account Number:	81790188
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MEMBERSHIP QUESTIONNAIRE - Please use this space to give some more information about you / your organisation.

Please give your reasons for wanting to join The Safeguarding Association (this section is mandatory):

DECLARATION

1. I confirm that I have read and agree to The Safeguarding Charter on behalf of myself and my colleagues who are intending to register as members.
2. I confirm that I have read and agree to The Safeguarding Association Privacy Policy and Terms and Conditions (found at www.safeguardingassociation.com)
3. I confirm that I am aware that all applications are subject to review and approval by Safeguarding Practitioners Limited.
4. I confirm that all information I have given is accurate and authentic to the best of my knowledge.

Please tick to confirm – boxes left blank will not be processed

Name (BLOCK CAPITALS):

Date:

Thank you for your application to become a member of The Safeguarding Association.

Please return completed application forms to: Safeguarding Association, 119 Auckland Avenue, Kingston Upon Hull, HU6 7SJ or bookings@safeguardingassociation.com