



# Membership Application Form

Practising and Returner members must complete a membership declaration by signing up to the following statements in the space provided.

## Declarations:

- I declare my adherence to the standards set by the Health and Care Professions Council.
- I declare my commitment to maintaining my knowledge and competence and expertise through active engagement in a range of professional development activities. I agree to engage in a programme of continuing professional development of which I am keeping an up-to-date record.
- I declare my understanding that if I practice in the United Kingdom, I must be registered with the Health and Care Professions Council.
- I declare my commitment to keeping up-to-date with RCSLT guidance and recommended best practise in the delivery of high-quality service provision.

## Professional Indemnity Insurance Declaration:

- I declare to the best of my knowledge that no claim or loss, has ever occurred or been made against me, whether successful or not.
- I declare my commitment to keeping up-to-date with RCSLT guidance and recommended best practise in the delivery of high-quality service provision.

**If you are unable to declare any of the above, please provide full details on page 2.**

Signed: ..... Date: .....

## Personal Details:

Forename: ..... Surname: .....

Previous Name: .....

Title: ..... Date of birth: .....

My address is: .....

..... Postcode: .....

Email: ..... Telephone: .....

Year of qualification: ..... HCPC No.: .....

University qualified from: .....

Postgraduate Qualifications: .....

Please complete and return the form to:

The Membership Team,  
Royal College of  
Speech and Language  
Therapists,  
2 White Hart Yard,  
SE1 1NX  
Or [membership@rcslt.org](mailto:membership@rcslt.org)

If you have any  
questions, please  
contact the team on  
020 7378 3010/3011  
Or by email, at:  
[membership@rcslt.org](mailto:membership@rcslt.org)



Professional Indemnity Insurance Declaration further details

Date	Details	Amount (if applicable)



Please select which category you are applying for

### Certified

"I have been accepted as a certified member of the RCSLT through completing my pre-registration education on a course accredited by the RCSLT, or I have joined the certified membership having had my qualifications assessed through formal RCSLT processes such as the Mutual Recognition Agreement. I am HCPC registered."

- UK
- Overseas

### International

"I am a qualified speech and language therapist working outside the UK."

- Overseas

### Non-Practising

"I am a qualified speech and language therapist, not currently practicing as a speech and language therapist."

- UK

### Returner

"I am completing the HCPC returning to practice requirements for readmission to the HCPC register."

- UK

### Retired

"I worked as a speech and language therapist. I have retired and I am not in any form of paid employment."

- UK

### Assistant

"I am an SLT assistant, a technical instructor or a support worker receiving regular supervision from a qualified SLT."

- UK

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SE1 1NX  
Or [membership@rcslt.org](mailto:membership@rcslt.org)

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questions, please  
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Or by email, at:  
[membership@rcslt.org](mailto:membership@rcslt.org)



**Option one: Set up payment of fees by direct debit**

Please complete the direct debit mandate below

I would like to set up a direct debit arrangement with the RCSLT and wish to pay my subscription in accordance with this Mandate by:  Single annual payment  Monthly instalments



**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 to:  
The Membership Team, Royal College of Speech and Language Therapists,  
2 White Hart Yard, London SE1 1NX

**Name and full postal address of your bank or building society**

To: The Manager	Bank/building society
Address	
Postcode	

**Name(s) of account holder(s)**

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**Bank/building society account number**

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**Branch sort code**

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**Service user number**

9	5	4	3	6	5
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**Reference**

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FOR Royal College of Speech and Language Therapists 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 Royal College of Speech and Language Therapists 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 Royal College of Speech and Language Therapists and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

DDI7

**Option two: Payment by credit or debit card**

I authorise you to debit my debit/credit\* card with the sum of £ ..... (\*delete as applicable)

Card No 

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 Cardholder's name .....

Start date ..... Expiry date ..... Security code 

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 Issue No .....

Card type ..... Signature ..... 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 Royal College of Speech and Language Therapists will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the Royal College of Speech and Language Therapists 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 Royal College of Speech and Language Therapists 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 Royal College of Speech and Language Therapists 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.