

# Change of category/personal details form

Use this form when you need to change your RCSLT membership category or your personal details, such as postal address or contact details. Please note this form is not to be used when graduating from a Student member to a Newly Qualified Member. If you are changing your surname, please attach a copy of any relevant change of name certificates (e.g.: Marriage Certificate).

# Declarations:

- I declare my adherence to the published Code of Ethics and Professional Conduct (See Communicating Quality (3), Professional standards for speech and language therapists)
- I declare my commitment to maintaining my competence and expertise through active engagement in a range of professional activities, events and continuing education and 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.

Signed:	Print name:
Date:	Membership no: RC00:

# Change of personal details:

Forename:    Surname:      Mr Mrs Ms Miss Other Please state:
My new name is (title/forename/surname):
*Please attach a photo copy of documentation when changing your name e.g. a marriage certificate.
Date of birth: Telephone:
My new address is:
Postcode:
My new email is:

# Change of personal details:

Name of bank:	
Name of account holder(s):	
Account no:	Sort code:

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

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

Members in any category who are working in the UK or overseas in fulltime voluntary practice as an SLT can qualify for a significant discount on the membership fees.

Please supply evidence of your employment in voluntary position. If you are unsure about which membership category is relevant for you, please call the RCSLT membership team on 020 7378 3010/3011



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."



J 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."



#### Returner

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



#### Retired

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



#### Assistant

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

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# 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 building society to	pay	by D	irect		it		D		RECT ebit
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	Servic 9	e user n 5	umber 4	3	6	5	1		
Name and full postal address of your bank or building society	Refere	200							
To: The Manager Bank/building society	Refere								
Address									
Postcode				Speech an the instru					
Name(s) of account holder(s)	Pleas Debits assure	e pay the from the ed by the	e Royal C e accoun e Direct D		Speech a in this In antee. I u	and Lang struction understar	subject to nd that th	o the sat is Instru	feguards ction may
Bank/building society account number				College of ed electror					
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Branch sort code									
	Date								
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	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
	Start date Expiry date Security code Issue No
	Card type Date
<u>&amp;</u>	
	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
	<ul> <li>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</li> </ul>
	<ul> <li>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</li> </ul>
	- 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.