



Student Application Form

BLOCK CAPITALS PLEASE

About you:

Forename: Surname:

Previous Name:

Title: Date of birth:

(for bulletin and correspondence) My postal address is:

.....

.....

..... Postcode:

Email address for correspondence:

Telephone:

Please complete and return the form to:

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

If you have any questions, please contact the team on 020 7378 3010/11
Or by email, at: membership@rcslt.org

About your study:

Place of study:

.....

Qualification type: BSc PgDip/MSc M MedSci B MedSci

Is this an RCSLT accredited course? Yes No

Year course started:

Expected year of graduation:

Payment:

Please refer to the current membership subscription rates. Subscription rates can be found in the membership section of our website www.rcslt.org

To help with future planning, which one of the following prompted you to join the RCSLT?

Please select one box:

HEI Roadshow Campaign Activity RCSLT website

University staff National Student Day

Other Please state:

