



# 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: .....

## 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](http://www.rcslt.org)

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 3738 3008/3010  
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)**

**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 cheque**

I have enclosed a cheque for my RCSLT membership

**Option three: 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.