



Student Application Form (Free Membership)

BLOCK CAPITALS PLEASE

About you:

Forename: Surname:

Previous Name:

Title: Date of birth:

My postal address is:

.....

.....

..... Postcode:

Email address for correspondence:

Telephone:

Signature:

About your study:

Place of study:

.....

Qualification Type: BSc PgDip/MSc M MedSci B MedSci

MSLT

Is this an RCSLT accredited course? Yes No

Year course started:

Expected year of graduation:

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:

Please complete the form electronically and return it 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