RCSLT

Newly Qualified Practitioner Membership Application Form



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Application Guidance Notes

Many congratulations on your recent examination success. To become a **Certified member** of the Royal College of Speech and Language Therapists (RCSLT) you will need to **complete the RCSLT NQP Goals** which support learning and development in your first year of practice and provides evidence of your readiness to transfer to Certified membership. This is available in the **NQP section of the website**.

Please do not forget that in order to work as a speech and language therapist in any sector you will need to **apply for registration to the Health and Care Professional Council** (www.hcpc-uk.org/)

These guidance notes have been prepared to help you with your application to join RCSLT as a Newly Qualified Practitioner. Please read them before completing your application.

Section 1 - Personal Details: Please complete this section in full with your personal details. All fields are mandatory including email addresses as we require this information to create your RCSLT account.

Section 2 - Qualification Details: Please select your course from the drop-down list and fill in all sections.

Section 3 - Membership Category: Please select if you are applying for NQP-Practising or NQP Non-Practising category. If you are applying for NQP-Practising category, please note that HCPC registration is mandatory and you must provide us with your HCPC number. Please also provide us with your RCSLT number if you've had one before as a Student member or a RCSLT member in another category, otherwise please leave this blank.

Section 4 - Payment: If you select option 1, please specify if you want to set up an annual direct debit or a monthly direct debit by ticking the relevant box and providing us with your bank details. For option 2 please provide us with your card details. Please sign one of the options that you have selected. Electronic signatures are accepted.

Section 5 - Data Protection and Privacy: Please tick the boxes based on your preferences.

Section 6 - **Membership Declarations and Submission:** Please ensure your read all the declarations and sign the form.

Submission - Your completed form must be emailed to <u>membership@rcslt.org</u>. In the subject of your email please type 'NQP Application form'

We look forward to receiving your application.

If you have any further questions regarding your application, please contact us on **020 7378 3010/3011** or email us at <u>membership@rcslt.org</u>





Section 1 - Personal Details

Title	Mailing address	
First name	Town	
Middle name	County	
Last name	Postcode	
Date of birth (DD/MM/YYYY)	Country	
Contact number	Email address	

2 Section 2 - Qualification details

Select the university where you qualified from and the name of your programme

If you selected 'Other, please specify below

Graduation year

3 Section 3 - Membership category I am applying for: NQP - Practising *HCPC Number RCSLT Number**



4 Section 4 - Payment

Option 1 : 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

	T Instruction to your bank or building society to pay by Direct Debit Service user number						DIRECT
Name and full postal address of your bank or building society	9	5	4	3	6	5	
To: The Manager Bank/building soc	ciety Refere	nce					
Address Postcode							ists OFFICIAL USE ONLY k or building society.
Name(s) of account holder(s) Bank/building society account number Branch sort code	Pleas Debits assur remai so, de	e pay the from the ed by the n with the	Royal C account Direct D Royal C	ollege of t detailed ebit Guar college of	in this Ins antee. I u Speech a	and Langu struction s inderstand and Langu	age Therapists Direct subject to the safeguards d that this Instruction may lage Therapists and, if building society.

	Option 2 : Payment by credit	or debit card* VISA					
	l authorise you to debit my debit/credit card with the sum of £						
	Cardholder's name						
	Card No.						
	Expiry date	Security code					
7	* We do not accept American Express cards		RCSLT.ORG 5				
	This Guarantee sho	not accept Direct Debit Instructions for some types of accoun uld be detached and retained by the payer. ct Debit Guarantee					

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.



5 Section 5 - Data Protection

Data Protection

The RCSLT is committed to the privacy and security of your personal information. Our <u>Privacy Notice</u> explains how we process your personal information, in accordance with Data Protection legislation. As part of your terms of membership, contact your HEI to verify the information you have provided ion 2 of this application form.

6 Section 6 - Membership declarations and submission

I hereby apply for admission as NQP member of the Royal College of Speech and Language Therapists. I certify that the information supplied on this form is correct and:

- 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 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 practice in the delivery of high-quality service provision.

Professional indemnity insurance declarations:

- I declare that I am not currently under investigation by the HCPC
- I declare that I am not aware of any circumstances that may lead to an investigation by the HCPC
- I declare that I have not received any notification of a claim for damages from a patient
- I declare that I am not aware of any circumstances that could lead to a claim from a patient for damages

Signature

Date

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

rcslt.org | info@rcslt.org | @RCSLT

