



Application for Membership of BAA

Personal Details:

Title (Dr. Prof. Mr. Mrs. Ms.):		Preferred Contact Address for Correspondence (e.g. home address, or work address):
First Name:		
Surname:		
Tel:		
Fax:		
E-Mail:		
Home address: (optional and if different to above)		

Employment Details: Please enclose proof of current post held (e.g. letter from Head of Department)

Job Title:		Department:	
Name of employer:			
Work address:			
Telephone Number if different to above:			
Brief description of work:			
Current Grade/Level (if NHS): e.g MTO(*)/Band (*)			

Professional Details:

	Yes	No	Reg No.
Are you registered with HPC as a clinical scientist? <i>If YES Please quote your registration number</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you on the RCCP voluntary register as a clinical physiologist? <i>If YES Please quote your registration number</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered with the HAC? <i>If YES Please quote your registration number</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered with another registration body? <i>If YES, please state name of registration body</i> and quote your registration number	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in Active Participation in the BAA? Please indicate your main area of interest:	<input type="checkbox"/>	<input type="checkbox"/>	
CAC <input type="checkbox"/> Supervision <input type="checkbox"/> Examining <input type="checkbox"/> Training <input type="checkbox"/> Committees: Communication & Publicity <input type="checkbox"/>			
Professional Affairs <input type="checkbox"/> Education & Training <input type="checkbox"/> Service Quality <input type="checkbox"/> Professional Development <input type="checkbox"/>			
Conference <input type="checkbox"/> Regional Networks <input type="checkbox"/> Membership <input type="checkbox"/>			

Examiner / Supervisor experience

QUALIFICATIONS

Professional Qualifications in Audiology (include BAAT, Dip/Cert, MSc, CAC, CtP, HcTP and **dates attained**) **COPIES TO BE ATTACHED AS EVIDENCE OF ATTAINMENT IF YOU ARE NOT REGISTERED WITH RCCP, HPC, OR HAC**

Dates attained	Qualification	Awarding Body
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Other related professional qualifications (to include first degree where appropriate, counselling, teaching, health management etc)

Dates attained	Qualification	Awarding Body
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I WOULD LIKE TO TAKE PART IN THE NEW BAA CPD SCHEME * YES / NO

Membership Category you are applying for: *(Please tick relevant box)*

Please refer to Guidance for Membership Applications for a description of each category. **Full member applicants should be registered with HPC/RCCP/HAC**

<input type="checkbox"/> Full (£55) Requires HPC/RCCP/HAC registration	<input type="checkbox"/> Affiliate (£45)	<input type="checkbox"/> Student (£15) complete below	<input type="checkbox"/> International (£60) complete box below
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Student membership is due in the April following course enrolment.

Course:..... Institution:.....

Course Dates: From:..... To:.....

STUDENT APPLICANTS TO BE PROPOSED BY COURSE TUTOR PAGE 3

BAA I & II (was BAAT I & II) STUDENT REQUIRING LOG BOOK **YES** Completed form to be signed by Course Supervisor

Overseas Members - International (includes additional postage charge) £60

Country

STUDENT APPLICANTS ONLY: This should be completed by your course tutor

STUDENT Application Proposed By Course Tutor:	
Tutor Name (please print):	
Address:	
Tel No.....	
Email	
Position:	
Signature:	
BAA Membership Category	Number:
* HPC/RCCP/HAC Registration No:	
*Delete as appropriate	

PLEASE ENSURE ALL DETAILS ABOVE ARE COMPLETED, INCLUDING REGISTRATION DETAILS AND THAT YOU HAVE INCLUDED COPIES OF ALL DOCUMENTATION (INCL. REGISTRATION & QUALIFICATIONS). FAILURE TO DO SO WILL RESULT IN A DELAY IN YOUR REGISTRATION WITH BAA

ADMISSION TO THE ACADEMY IS AT THE DISCRETION OF THE BOARD

Signature of Applicant:..... Date of application:.....

Completed application forms should be sent with the appropriate remuneration or direct debit mandate (please do not send cash) to:
British Academy of Audiology,
PO Box 346,
Peterborough RM,
PE6 7EG

Payment may be made by Direct Debit see next page

Cheques should be made payable to: BAA
These details will be kept on a computerised database in accordance with the Data Protection Act.

**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 it to :

**Mrs B.A. Teat Admin Secretary
British Academy of Audiology
PO Box 346
Peterborough RM
PE6 7ES**

Originators Identification Number

9	1	7	3	1	4
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British Academy of Audiology Reference Number

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Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Instruction to your Bank or Building Society

Please pay The British Academy of Audiology 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 British Academy of Audiology and, if so, details will be passed electronically to my Bank or Building Society

Name and full postal address of your Bank or Building Society

To: The Manager	Bank / Building Society
Address	
Postcode	

Signature(s)
Date

✂ -----This guarantee is yours to cut off and keep-----

The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change The British Academy of Audiology will notify you at least 14 days in advance of your account being debited or as otherwise agreed.
- If an error is made by The British Academy of Audiology or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

1. BAA MEMBERSHIP CATEGORIES

FULL

Full membership includes the following:

- New applicants with documented proof of BAA recognised qualification in Audiology and current RCCP/HPC/HAC registration or other registration accepted by BAA
- New BAA Membership application from professionals at the discretion of the BAA Board
- Full (International) applicants with documented proof of BAA recognised qualification in Audiology and current RCCP/HPC/HAC registration and resides outside the UK

AFFILIATE

Affiliate membership includes the following:

- Applicants with documented proof of BAA recognised qualification in Audiology, but not registered with RCCP/HPC/HAC or other registration accepted by BAA
- Previous STUDENT members of BAA with documented proof of BAA recognised qualification in Audiology but not registered with RCCP/HPC/HAC or other registration accepted by BAA
- All applications that do not fulfil either FULL, INTERNATIONAL or STUDENT BAA membership requirements
- New BAA Membership application from professionals at the discretion of the BAA Board

INTERNATIONAL

International membership includes the following:

- International members with a qualification in Audiology, not UK registered with RCCP/HPC/HAC or other registration accepted by BAA, and resides outside the UK

HONORARY

Honorary membership includes the following:

- Awarded to individuals for their outstanding contribution to Audiology by the BAA Board

STUDENT

Student membership includes the following:

- Applicants sponsored by their tutor on a BAA recognised full time qualification in Audiology and not able to fulfil criteria for Full or Affiliate BAA membership
- Applicants sponsored by their tutor on a BAA recognised part-time qualification in Audiology for a period of no more than 2 years, who would otherwise have Affiliate or Full BAA membership

All BAA membership is at the discretion of the BAA Board

Please note that completion of CAC as an Affiliate member does not give eligibility for Full membership until registration with HPC/RCCP or HAC has been awarded

Completing the Membership Application Form:

The form should be completed in ink. Please write clearly. Please forward copies of all supporting documentation (e.g. degree certificates, evidence of employment) with your application.

If your application to the Academy is successful the information contained on this form will be kept on a computerised database in accordance with the Data Protection Act.

Please send the form with the appropriate remittance or direct debit mandate (see membership application form for details) to:

British Academy of Audiology,
PO Box 346,
Peterborough RM,
PE6 7EG

Processing the Application:

Your application will be taken to the Board for consideration at their next meeting. Board meetings occur 4 or 5 times a year and there may be a delay of up to 3 months between receipt of the application and consideration by the Board. You will be notified in writing of the outcome of your application. Please note that entry to the Academy is at the discretion of the Board.

Half Year Subscriptions:

If your application is received after 1st October you will be charged a half year subscription.

Lapsed Members:

Members who have let their membership lapse and are reapplying are charged an administration fee of £10 to be reinstated on the mailing.

Enquiries:

If you have any enquiries about membership of the Academy or about your membership application, please contact BAA Admin at the address above or email membership@baaudiology.org