

## Affiliate Membership – Application Form

Please print clearly

Surname	<input type="text"/>	DoB	<input type="text"/>
Forename(s)	<input type="text"/>		
Title	<input type="text" value="Mr / Mrs / Ms / Dr / Other"/>	<input type="text" value="Male / Female"/>	
Home Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone No	<input type="text"/>	Mobile No	<input type="text"/>
Email Address	<input type="text"/>		
Work Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone No	<input type="text"/>		
Profession	<input type="text"/>		
Current Position	<input type="text"/>		

Are you a member of a Professional Body?  Yes  No

If 'Yes', please give the name

Are you covered by their Code of Ethics & Practice?  Yes  No

Are you covered by their Complaints Procedure?  Yes  No

PTO

What is your interest in joining BASRT?

**REFERENCE (BASRT will contact the referee and the reference will only be accepted on the official form)**

A character reference, preferably work based, who can confirm you are a responsible person of good standing. This should not be a relative.

Name

Address

Postcode

What is your relationship with this person?

**DECLARATIONS**

- I agree to support the Aims and Objectives of BASRT as laid down in the [memorandum and articles](#) and I agree to abide by the governing documents of BASRT in so far as they apply to me.
- I accept the BASRT Rules of Affiliate membership ([Rule Six](#)).
- I will not act in any way that could bring the Association into disrepute.
- I confirm that I am not practising in the field of sexual and relationship therapy in the UK or Ireland.
- I declare I do not have any complaint upheld against me by any professional body.
- I declare that I have not been convicted of any sexual offence.

Signature

Date