



College of Operating Department Practitioners – incorporating AODP
Setting Standards, Education and Promoting the Development of the Profession

College of Operating Department Practitioners (CODP) Application for Membership

- New Member Renewal Member Association Membership

1. Type of membership

Please select one of the following membership types. For further information on the differences between types of membership please visit <http://www.codp.org.uk>.

- Full College Membership Student Membership Association Membership

2. Your Details

Title: _____
First Name(s): _____
Surname: _____
Date of Birth: _____
Previous Name: _____
Home address: _____

Post code: _____
Email Address: _____

3. Membership type

- I wish to become a Full College Member and I am registered with the Health Professions Council.

My HPC number is ODP

Qualification held (please tick)

- Dip(HE) in ODP S/NVQ level 3 CGLI 752 Formal Assimilation Certificate

Date of Qualification: _____

- I am a Student Member

I am currently studying _____ at _____ (institution)

- I wish to become an Association Member and have the following qualifications:

4. Current ODP Role:

(tick all that apply)

- Anaesthetic Surgical PACU Education Management
- Industry Retired Other (please specify) _____

Specialist Role:

(tick all that apply)

- Surgical care practitioner Anaesthesia Practitioner Critical Care Practitioner

Current Practice Area:

(tick all that apply)

- Theatre DSU ITU A&E Other (please specify) _____

5. Employment Situation

- I am employed Name of employer: _____
- I am not employed

6. Declaration and Guarantee

I declare that the above details are accurate and true. I undertake to notify CODP of any change in my details or registration status. I confirm that I am not disbarred from registration through health, competency or misconduct. I understand my application will be scrutinised and that acceptance is conditional upon my compliance with the CODP Code of Practice. In the event of my membership being granted, I agree to comply with the CODP Code of Practice. I agree with this information being held on the CODP computerised database for the purposes of membership. I also agree to the verification of my registration with the HPC by any means including electronic data transfer. I understand that making a false declaration could lead to the cancellation of my membership.

Signed: _____ Date: _____

- I do not want to receive membership product/advertising material.

Please return this form, with payment to: CODP, 197-199 City Road London EC1V 1JN.
Telephone 0870 7460984, fax 0870 7460985. You may pay by Direct Debit (DD form available on the website www.codp.org.uk) or cheque made payable to CODP.
College of Operating Department Practitioners (CODP)

DOC ID: Mem Form 01/07

The College of Operating Department Practitioners Ltd is a company limited by guarantee without a share capital (company no. 6028631).

Registered office: Lower Ground Floor, 197 - 199 City Road, London EC1V 1JN