



# Membership Application Form for Conference Delegates

Only complete this form if you are not a CODP member.

## 1 Type of membership

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

Full College Membership

Student Membership

Association Membership

## 2 Your details

Title: Mr/Mrs/Miss/Ms (please indicate) Date of birth ..... / ..... / ..... (dd/mm/yyyy)

First names ..... Surname .....

Address ..... Postcode .....

Tel ..... Email .....

## 3 Membership

I wish to become a Full College Member and I am registered with the Health Professions Council. My HPC number is ODP .....

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

Date of qualification .....

I am a student and wish to become a Student Member. I am 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 ..... Job title .....

I am currently unemployed

## 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 of 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 resignation 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 along with your Conference Booking Form and payment to the following address:

CODP, 197-199 City Road, London, EC1V 1JN

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