



Become one of us

Join the world's largest nursing-specific trade union and professional body today





HCA/HCSW/AP/TNA membership form

You can also join online www.rcn.org.uk/join or call 0345 772 6100



Having supported the nursing workforce for over 100 years, we're proud to be the voice of nursing in the UK.

Health practitioner membership

Health practitioner membership includes those working as health care assistants (HCAs), health care support workers (HCSWs), assistant practitioners (APs), trainee nursing associates (TNAs) and those who meet the eligibility criteria agreed by RCN Council (see 'Declaration', right).

Remember, as an RCN member, you get access to all of these services:

help

Workplace support should anything go wrong

career

Careers advice service for interview skills, CV writing and more



Immigration advice for confidential and expert support



Counselling service for personal and work-related issues



Welfare advice on benefits, tax credits, debt and housing matters

learning

Access to online resources, local learning events and Europe's largest nursing library

Xtra

www.rcn.org.uk/xtra for 50% off cinema tickets and much more

"£"

Lamplight support service for financial advice and help

legal

Legal advice on criminal, NMC, personal injury issues and more

Join today and become one of us

Health Practitioner Membership

Application Form



Application	OIIII																					O	
Section 1: Ab	out	yo	u				So	urce	code						For	offic	e use	only	<i>y</i>				
Title (Mr, Mrs, etc.)																							
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(Please note the add given will be used in																							
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	If you have been a member of the RCN before, please enter your previous membership number here.																						
Contacting ye	ou																						
As an RCN member you will be contacted by the RCN Group (Royal College of Nursing, RCNi and RCN Foundation) with information relevant to you. We will not pass your personal details on to any third parties without your express consent. You can read more about how we gather and use your information in our full privacy statement at www.rcn.org.uk/privacy How can we contact you? Most of our information is sent by email only. If you do not select email you will not necessarily be sent information in alternative formats. If you have provided an email address transactional emails, for example about your payments of membership renewal, will automatically be sent this way. The options below refer to information about additional benefits.							ion ir dress its or way.	n s,															
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Place of work												
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General Hospital.					P	ostcod	le					
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Name and address												
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etc. For example, West Hertfordshire NHS Trust.					D	ostcod					╬	卌
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Your job Job title is indicative. We	may record	Job title										
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Declaration												
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Except for Scotland • I work in health/social visitor, and I am not or												ealth
Midwifery Council, you ar	visitor, and I am not on a professional register other than that held by the Scottish Social Services Council. Please note if you have a current registration with the Nursing and Midwifery Council, you are not eligible for health practitioner membership and you must take out nurse membership of the RCN. Signed											
I acknowledge that it is m		•		•								
there is any change to my	there is any change to my personal or workplace details. Date D D M M Y Y								Y			
Section 2: Payn	nent option	s										
Please tick the box to indi	icate the category	you wish to	o join and y	our fre	equeno	cy of p	ауте	nt.				
Membership categories		Monthly	fee	A	nnual	fee			Approx ax sav	ximate ving*	annu	ıal
Heath practitioner full	£8.20			£98.43				£19.69				
Health practitioner 1st ye Health practitioner retire	£4.10 £0.84			£49. £10.			£	9.84				
practitioner retire			T			50						
* Because the RCN is an a you can make a claim for subscription. For full deta how to make a claim visit	tax relief against y ails on tax relief in	your RCN cluding	** 1st yea the RCN				ealth j	oractit	ioners	s who a	are joi	ning

For more information on all membership categories please call 0345 772 6100 or visit www.rcn.org.uk/join

Method of payment

Please complete either A, B or C

A. Direct Debit - please select either	monthly payment or	annual payment
Royal College of Nursing		DIRECT
Please fill in the whole form using a ball point pen and se	nd it to: Instruction to y	your bank or building society
FREEPOST ROYAL COLLEGE OF NURSING	Service user numbe	
Name(s) of account holder(s)	Reference	
Branch sort code Bank/building society account number Name and full postal address of your bank or building society.	account detailed in this by the Direct Debit Gu remain with the Royal passed electronically to	nk or building society ollege of Nursing Direct Debits from the s instruction, subject to the safeguards assured arantee. I understand that this instruction may College of Nursing and, if so, details will be o my bank/building society.
To: the Manager Bank/Bui Address	Iding Society S	Signature(s)

Banks and building societies may not accept Direct Debit Instructions for some types of account.

Postcode

DDI1

This Guarantee should be detached and retained by the payer



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, the Royal College of Nursing will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the Royal College of Nursing 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 Nursing 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.

Date

- If you receive a refund you are not entitled to, you must pay it back when the Royal College of Nursing 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.

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Why did you decide to join the RCN? (please tick all that apply) Workplace support and representation Legal advice and member helpline Professional development, learning resources and career advice Member Support Services (Counselling, Welfare, Immigration advice) Cost and membership discounts (RCNXtra)							
How did you hear abo Colleague RCN Representative	t us? Employer or education provider RCN campaign or eve	ent					

To join:

You can join in one of four ways:

- 1. Complete an online application at www.rcn.org.uk/join
- 2. Download an application form from www.rcn.org.uk/join
- 3. Call RCN Direct on 0345 772 6100
- 4. Complete this application form and return it to: FREEPOST, ROYAL COLLEGE OF NURSING

If you are sending bank/credit card details by post, you should consider sending your application by registered post or special delivery.

To join the RCN in another category (nurse or student member) please follow point 1, 2 or 3 above.

Once your membership has been processed, you will receive a welcome pack, your membership number and card.