



MEMBERSHIP APPLICATION FORM
(PLEASE COMPLETE IN BLOCK CAPITALS - THANKS!)

Name: _____

Post: _____

Contact Address: _____

_____ (home / work)

Tel No: _____

Email: _____ (home / work)

ScOPT Membership No: *(if previously a member)* _____

Are you a Practice Teaching Award Holder? Yes / No

If yes, through which Consortium/Partnership did you gain the Award?

Would you describe yourself as:	Practice Learning Facilitator	<input type="checkbox"/>
	Tutor	
	Training Officer	
	Link Supervisor	
	Other (please state)	

Areas of special interest/research or teaching interests?

Would you be interested in joining/rejoining (please tick):

Membership of ScOPT Committee	<input type="checkbox"/>
Helping with Conference/Workshops	
Contributing to our Newsletter	



Would you describe yourself as black/white/ethnic minority, or would you like to describe yourself in any other way?

NB. BACS PAYMENTS ARE NOT ACCEPTED

I enclose a cheque/postal order for **£25.00 made payable to ScOPT** to cover membership for one year from the date of joining.

Signature: _____

Date: _____

**Please return with payment to Tara Hamilton,
ScOPT Membership, PO Box 21163, Alloa, FK10 9BD**

Tel No: 01786 450335 Email: tara.hamilton@scopt.co.uk