



MEMBERSHIP APPLICATION FORM

Please send completed form to:

Anne Ellerington
NOTA Administrator
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About NOTA Membership and This Form

Membership is open to any professional working with or caring for sexual abusers or others having a legitimate professional interest in the field. NOTA reserves the right to withhold, or withdraw, membership from an individual in accordance with the Articles of Association. NOTA reserves the right to seek, and take up, two references for any person making an application in the absence of a recognised agency connection.

This form is to be completed by everyone applying for NOTA membership, whether as a full Individual Member, Associate Member or as a member of a Team or Large Group. For this last membership type, there is another form (Team / Large Group Membership Form) which should also be completed by the Team/Large Group co-ordinator and which lists each member in the Team/Large Group and provides invoice details.

On this form, we ask you about your professional and contact details, preferred method of payment and information for equal opportunities monitoring. We also ask that you sign the declaration on page 2 which is required for NOTA membership.

Membership Category

I am applying for the following category of membership (please tick):

- Individual Member**
£60 (UK), £66 (EU), £78 (Other country: _____)
Quarterly standing order payment option available.
- Team Member**
£240 (UK), £264 (EU), £312 (Other) per team (up to 5 members)
- Large Group Member**
£480 (UK), £528 (EU), £624 (Other) per large group (up to 12 members)
- Associate Member**
£24 (UK), £36 (EU), £54 (Other country: _____)

Any change in the membership fee will be approved by the AGM and notified to members at the earliest opportunity. All payments should be in £ sterling. Cheques should be payable to NOTA and sent to the above address.

About You

Surname:

Forename:

Professional Title:

Agency:

Project (if applicable):

Work Address:

Work Address:

Work Address:

Work Address:

Count(ry) + Postcode:

Telephone (inc STD code):

Mobile Phone:

Email:

Contact Address (if different from above)

Contact Address:

Contact Address:

Contact Address:

Contact Address:

Count(ry) + Postcode:

Telephone (inc STD code):

Fax (inc STD code):

Email:

The National Organisation for the Treatment of Abusers

Registered Charity Number: 1086050
Company Registration 66 Chiltern Street, London W1U 2SB

Method of Payment (please tick as appropriate)

- Payment by cheque (payable to NOTA) enclosed for payment as follows:

Individual Membership: [] £60, [] £66, [] £78 or **Associate Membership:** [] £24, [] £36, [] £54

- Please invoice me as follows:

Individual Membership: [] £60, [] £66, [] £78 or **Associate Membership:** [] £24, [] £36, [] £54

Purchase Order Reference:

Address if different from above:

- I wish to pay by BACS/internet banking (please complete bank details on page 2 and return the form to NOTA so we can provide you with a payment reference to use when setting up the BACS/internet payment arrangement)

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- I am applying as a Team/Group Member (*the co-ordinator is asked to arrange for invoice details to be provided on the Team/Large Group Application Form*)

Declaration by all NOTA members

As an organisation providing services and support for professionals who work with, or in the interests of, vulnerable people NOTA members have a duty to ensure that all their practice is to a high standard and in the best interests of children and vulnerable people who may be affected or influenced by their work.

NOTA expects that members subscribe to these principles and enact them in their practice, whatever their professional, academic, welfare or other task.

NOTA membership is therefore conditional on a commitment to the following statements and undertakings which you are asked to read, sign and return with your application for membership.

If you are in any doubt about your ability to comply with any of these statements and wish to be a NOTA member, you should bring this to the attention of the NOTA National Chair as soon as you realise that to be the case.

I declare that

1. I have been subject to the appropriate vetting processes of my employer(s) and professional body, if appropriate.
2. I have never been cautioned or convicted of a sexual offence.
3. I have never been, and am not currently, subject to investigation for a sexual offence.
4. I undertake to inform NOTA immediately should at any time I be convicted of a sexual offence, or if I am investigated in respect of an alleged sexual offence.
5. I undertake to notify the NOTA National Chair of any event or activity which, as a consequence of my membership of NOTA, might bring the Organisation into disrepute.
6. I undertake to abide by NOTA's Code of Conduct and its Policies.
7. I will not use NOTA membership to imply professional competence or expert status.
8. I understand and accept that failure to comply with any of the above may result in termination of my NOTA membership.

I undertake to abide by and promote the Articles of Association

Signed:

Date:

Equal Opportunities Monitoring - Confidential

NOTA aspires to be an Association capable of monitoring and promoting an equal opportunity policy for members; pursuant to this applicants are asked to provide the following information for statistical analysis only:

Gender: Male / Female

Date of Birth:/...../19.....

Ethnic Origin:

White

- White British
- White Irish
- Any other White background*

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background*

Black or Black British

- Caribbean
- African
- Any other Black background*

Mixed

- White & Black Caribbean
- White & Black African
- Any other Mixed background*

Other Ethnic Group

- Chinese
- Any other ethnic group*

Not Given

- Not Given

*Please Specify:

I am registered as a disabled person:

Yes / No

Access and/or communication would be assisted through the provision of (please specify):

