



MEMBERSHIP FORM

Please complete as appropriate and return with payment to bapen@bapen.org.uk OR post to the
BAPEN Office Devonshire Business Centre Works Road Letchworth SG6 1GJ

Membership

- | | |
|--|------------------|
| <input type="checkbox"/> BAPEN Medical | £75.00 incl. VAT |
| <input type="checkbox"/> BAPEN Medical Trainee Doctors | FREE |
| <input type="checkbox"/> Core Group Members (BPNG, BSPGHAN, NNNG, PENG, PINNT) | FREE |
| <input type="checkbox"/> Nurses & AHPs (Dietitian, Pharmacist, Speech & Language Therapist, etc) | £25.00 incl. VAT |
| <input type="checkbox"/> Academic (non-medical) | £50.00 incl. VAT |
| <input type="checkbox"/> Non NHS / Industry / Commercial Membership | £75.00 incl. VAT |
| <input type="checkbox"/> Retired | £10.00 incl. VAT |
| <input type="checkbox"/> Student | £10.00 incl. VAT |

As a member of BAPEN you are eligible to join ESPEN at a reduced subscription. If you would like to receive an ESPEN Membership Form please tick the box

First Name:	Last Name:
Designation: (Mr/Mrs/Miss/Ms/Dr/Prof/Other)	Gender:
Job Title:	
Place of Work:	

Do you work in the NHS?

- Yes No

If Yes please tick the type of trust

- Community ICS DGH Teaching Hospital Other
(please specify)

Address for Correspondence:

Number / Name and Street:	
Town:	City:
County:	Postcode:
Tel No:	Email:

Payment Options (please tick)

Credit Card Cheque Enclosed Direct Debit (please complete separate form)



Name on Card:

Card Number:

Card Valid from: Card expires:

CSC (last 3 digits on back of card or 4 on front for Amex) Issue Number (if applicable)

Amount to Debit: Date:

Signed: **Date:**

ARE YOU: (Please tick)

1. A Member of a Core Group of BAPEN

- BAPEN Medical
- BPNG (Pharmacists)
- BSPGHAN
- NNNG (Nurses)
- PEN Group (Dietitians)
- PINNT (Patients)
 - Associate Carer/Relative Patient

2. Which constitute Country do you work in: (please tick one)

- England
- Northern Ireland
- Scotland
- Wales
- Other (please specify)

BAPEN Diversity Monitoring Form

Any information provided by you will be treated with total confidentiality and used only to improve our support to members. It conforms with [BAPEN Information Systems Security & Confidentiality Policy](#) and in support of [BAPEN Equality, Diversity and Inclusion Policy](#) Please answer only the questions you are comfortable with. Questions relating to 'protected characteristics' are listed in alphabetical order.

Thank you for your support.

1. BAPEN Membership

Which category below best describes your involvement as a BAPEN member? Please mark 'X' in all boxes that apply. (Boxes are arranged alphabetically)

<input type="checkbox"/> Dietitian	<input type="checkbox"/> Patient
<input type="checkbox"/> Doctor	<input type="checkbox"/> Retired
<input type="checkbox"/> Industry Partner	<input type="checkbox"/> Scientist/Researcher
<input type="checkbox"/> Medical Trainee	<input type="text"/> Student(please specify)
<input type="checkbox"/> Nurse	<input type="checkbox"/> Trustee
<input type="text"/> Other (please specify)	

2. Are you a member of the BAPEN Leadership Team?

Please mark 'X' in any box that applies

<input type="checkbox"/> BAPEN Executive
<input type="checkbox"/> BAPEN Council
<input type="checkbox"/> BAPEN Trustee
<input type="checkbox"/> None of the above

3. Age

What is your age? Please mark 'X' in one box only

16-19	<input type="checkbox"/>	20-24	<input type="checkbox"/>
25-29	<input type="checkbox"/>	30-34	<input type="checkbox"/>
35-39	<input type="checkbox"/>	40-44	<input type="checkbox"/>
45-49	<input type="checkbox"/>	50-54	<input type="checkbox"/>
55-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>
65-70	<input type="checkbox"/>	70+	<input type="checkbox"/>

4. Disability

Do you have a 'physical or mental impairment which has a substantial and long- term adverse effect on your ability to carry out normal day-to-day activities?'

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say

If yes, please indicate the nature of your disability

<input type="checkbox"/> Mobility/physical coordination	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Hearing Impairment	<input type="text"/> Other- please specify below
<input type="checkbox"/> Prefer not to say	

5. Ethnic Background

Which group do you most identify with?

ASIAN

Bangladeshi
Chinese
Indian
Pakistani
Asian Other

BLACK

African
Caribbean
Black Other

MIXED

White and Asian
White and Black African
White and Black Caribbean
Mixed Other

WHITE

British
Gypsy Roma or Irish Traveller
Irish
White Other
White not specified

OTHER

Arab
Any Other Ethnic Group

6. Gender Identity

How do you prefer to identify yourself? Please mark 'X' in the appropriate box in each section

- Male, including trans-male
- Female, including trans-female
- Non-binary
- Other – please specify

Is your gender identity the same as assigned to you at birth?

- Yes No Prefer not to say

7. Religion or Belief

What is your religion or belief (including non-belief)? Please mark 'X' in the box below as appropriate.

Agnostic
Atheist
Bah'ai
Buddhist
Christian – Catholic
Christian – Protestant
Christian – Other
Hindu
Humanism
Jain
Jewish
Muslim

Pagan
Sikh
Rastafarian
Scientologist
Shinto
Zoroastrian
No religion or belief
Prefer not to say
Any other religion or belief

Please specify below, if you wish.

8. Sexual Orientation

Which group do you most identify with? The options are listed in alphabetical order.
Please mark 'X' in **one** box only:

- Bi-Sexual Heterosexual/straight
- Gay woman/lesbian Other
- Gay man Prefer not to say

BAPEN Members Online Directory

BAPEN provides a resource where access to fellow member's contact details can be shared, this is to help facilitate joint and collaborative working with like-minded individuals. The Members Only Online Directory is

located within the BAPEN Members section of the website, it therefore password protected, available only to BAPEN members and secure.

If you are happy to share your contact details* with other members please tick here

*Please note that only contact details are shared amongst members. Details of your membership and any financial information is strictly confidential and not shared with anyone as per our Data Protection policy below.

General Data Protection Regulation (GDPR)

As a member of BAPEN you will receive information about all BAPEN events, initiatives and materials. Your membership and contact details will never be passed to a third party. However, from time to time BAPEN may wish to notify you of an educational event or nutrition related product/service from third parties, which has been vetted as being appropriate.

I give consent to receive information from third parties.

Your personal data will be held on a secure server at a data centre in the UK operated by Gyron Internet Ltd. BAPEN will use the information you provide on this form to be in touch with you and to provide updates and marketing. Please let us know how you would like to hear from us:

by Email by Post

You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us, or by contacting us at bapen@bapen.org.uk. We will treat your information with respect. For more information about our privacy practices please visit our website.

We use MailChimp as our marketing automation platform. By submitting this form, you acknowledge that the information you provide will be transferred to MailChimp for processing in accordance with their Privacy Policy and Terms.

I consent to my information being processed in accordance with these terms.

Please complete as appropriate and return with payment to the **BAPEN Office, Devonshire Business Centre Works Road Letchworth Garden City SG6 1GJ** OR e-mail to bapen@bapen.org.uk

The British Association for Parenteral and Enteral Nutrition

www.bapen.org.uk
Registered Charity 1186719