



# Membership Application form

College of  
Occupational  
Therapists



Specialist Section  
Mental Health

## 2016-2017

Membership Year: 1st October - 30th September

### Name

Title: \_\_\_\_\_  
(Dr, Mrs, Miss, Ms, Mr, Prof, other \_\_\_\_\_  
First name: \_\_\_\_\_  
Last name: \_\_\_\_\_

COTSS-MH  
Membership No

**MH**

**BAOT Membership Number:** \_\_\_\_\_ **(must be completed)**

**Contact Details - Please only provide those details that are relevant to your postal address**

Job Title/Grade \_\_\_\_\_  
Employer Organisation \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Country - if not UK \_\_\_\_\_  
Tel: \_\_\_\_\_

Email: \_\_\_\_\_ **(please write in BLOCK CAPITALS)**

**(Provision of email is essential if you wish to receive emails/enews/ebulletins regarding sub group information)**

### Employer:

NHS ☐ Independent ☐ 3rd Sector ☐ Local Authority ☐ Other ☐

### Sub Groups:

Inpatient	<input type="checkbox"/>	Older People	<input type="checkbox"/>
Community	<input type="checkbox"/>	Child and Adolescent Mental Health and Early Intervention	<input type="checkbox"/>
Forensic Forum	<input type="checkbox"/>	Eating Disorders Forum	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>		

### Country of Work:

England ☐ Scotland ☐ Wales ☐ Northern Ireland ☐

Other: \_\_\_\_\_  
(please provide)

## Individual Membership

BAOT Professional Member:	£32.00	<input type="checkbox"/>
BAOT Associate Member:	£16.00	<input type="checkbox"/>
BAOT Occupational Therapist Student: <b>Special Offer for 2016-17</b>	£5.00	<input type="checkbox"/>
BAOT Overseas Member:	£32.00	<input type="checkbox"/>

## Payment

I enclose a cheque (made payable to **College of Occupational Therapists**) for £ \_\_\_\_\_

I enclose a credit/debit card payment form ☐

## Data Protection Statement:

By providing any of the contact details above you are authorising the COT-SS-Mental Health national, regional, local and special interest group committee members and their authorised agents to contact you with details relevant to your COT-SS-Mental Health membership and for those details to be shared with other COT-SS-Mental Health members.

COT-SS-Mental Health will not disclose your personal details to any outside person or body.

If you do NOT wish to be contacted by COT-SS-Mental Health by post, e-mail or otherwise with items that are not directly COT-SS-Mental Health related, eg. student research questionnaires, please tick this box: ☐

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Please return this form to:

College of Occupational Therapists - Specialist Section - Mental Health  
106-114 Borough High Street  
Southwark, London  
SE1 1LB

Telephone: 020 7450 2348  
Fax: 020 7450 2299  
Email: [artem.gromov@cot.co.uk](mailto:artem.gromov@cot.co.uk)  
Website: [www.cot.org.uk](http://www.cot.org.uk)

### For office use only:

Latest Update:

Cheque value

Cheque Number

Date processed

Memo:



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[www.cot.org.uk](http://www.cot.org.uk)

