

Membership Application Form

Royal College of
Occupational
Therapists



Application to become a member of the British Association of Occupational Therapists Limited

College of Occupational Therapists (COT) is a subsidiary and trading name of the British Association of Occupational Therapists Limited

SECTION A: Membership category

Please tick the appropriate box (details of the requirements of each category can be found on the final page of this form)

☐ Professional Member ☐ Self-employed Member ☐ Overseas Member ☐ Career break Member ☐ Retired Member ☐ Associate Member

Have you ever been a member of BAOT ☐ Yes ☐ No

If yes, enter your old membership number, if known

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SECTION B: Personal details

Mr/Mrs/Miss/Ms/Dr/Prof etc. _____ Forename(s) _____

Surname: _____ ☐ Male ☐ Female

Date of birth: ____ / ____ / ____

Home address: _____

Postcode: _____

Home tel: _____ Mobile tel: _____

Contact email: _____ HCPC number: _____

Please tick the box indicating your appropriate ethnic origin

☐ White ☐ White/European ☐ Asian ☐ Black/Caribbean ☐ Black/African ☐ Black/Other ☐ Bangladeshi ☐ Chinese
☐ I don't wish to disclose

Other ethnic group – Please specify _____

SECTION C: Employer & Work Details

IMPORTANT INFORMATION: YOU NEED TO COMPLETE THIS SECTION FOR YOUR APPLICATION TO BE PROCESSED. If you are not currently employed, please enter your previous employer details. If you have not worked before, please ensure that you have entered the name of your University or College in the Study details section. This information is required so that you can be provided with industrial relations support (where appropriate). If you tick 'Self-employment' then there are no further employer or work details that you need to provide.

Please indicate whether this is your ☐ Current employer ☐ Previous employer/University or College ☐ Self-employment

Employer organisation: _____

Work address: _____

_____ Postcode: _____

Work tel: _____

Please provide some details regarding your employment covering the three areas of 'Sector', 'Working as' and 'Main area of practice'. Please tick **one box only** in each of the three areas below:

| Sector | Working as | Main area of practice | |
|---|--|--|---|
| <input type="checkbox"/> Commercial/private company | <input type="checkbox"/> Educator/academic | <input type="checkbox"/> Children, young people and families | <input type="checkbox"/> Physical health and disability |
| <input type="checkbox"/> Education/university | <input type="checkbox"/> Manager/Director | <input type="checkbox"/> Education | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Non statutory – 3rd sector/voluntary | <input type="checkbox"/> Practitioner | <input type="checkbox"/> Housing | <input type="checkbox"/> Service delivery/consultancy |
| <input type="checkbox"/> Statutory – health/social care | <input type="checkbox"/> Researcher | <input type="checkbox"/> Mental health | <input type="checkbox"/> Work/vocational rehabilitation |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Support worker | <input type="checkbox"/> Older people | <input type="checkbox"/> Not applicable |
| | <input type="checkbox"/> Unemployed | <input type="checkbox"/> People with learning disabilities | |

SECTION D: Method of payment

Please choose **ONE** method of payment

☐ Cheque I enclose a cheque for £ _____ made payable to "British Association of Occupational Therapists"

☐ Credit/Debit Card Please charge £ _____ to my Visa/MasterCard/Maestro* (please select one)

Card number:

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 –(Maestro Only)

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Expiry date:_____ Start date/Issue no.*:_____ *Maestro card holders only

Card security code:

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 (3 digit code embossed or imprinted on the reverse side of the card)

☐ Direct Debit I enclose the completed direct debit instruction (Overleaf)
NB: We are not allowed to accept faxed copies of direct debit mandates

SECTION E: Declaration

I apply for membership of the British Association of Occupational Therapists and, if accepted, undertake to be bound by the provisions of its Memorandum and Articles of Association and its Code of Ethics and Professional Conduct. I confirm that I fulfil the conditions of the category of membership for which I am applying.

Please commence my membership from: 01/ _____ / _____ (Note that all memberships commence from the 1st of each month)

Please send correspondence from COT to: ☐ Home address ☐ Work address ☐ Term address

(Note that this preference will be used as the ballot address for all union ballots)

Signature of applicant: _____ Date: ____/____/____

Data Protection statement

COT treats your information in the strictest confidence. Information provided by you is recorded by COT for statistical purposes and is only passed on to third parties in order to provide you with COT services, election facilities and other information required by statute. In particular, your details are passed on to, and recorded by, UNISON in order to provide you with industrial relations support as part of your COT membership.

Please complete the direct debit instruction below. *Please note that it takes up to 10 days for your bank or building society to process a new instruction.* If we are unable to set up a direct debit for the first collection, we will add this to the next month's deduction and any other payment arrears will be collected at this time. *Payments are taken monthly, on or just after the last working day of the month.* Direct Debits may not be taken from some types of bank or building society accounts. If you are not sure, please speak to your bank or building society.

Below are the monthly subscription rates for October 2016 until September 2017. Rates may change in subsequent years but you will be notified in writing of such changes and the amount taken by direct debit will be adjusted automatically.

| Professional Members | | | | | | Associates | |
|---|--------------|---------------|-----------|--------------|-----------------|--|--------------|
| Full | 25% Discount | Self-employed | Overseas* | Career break | Retired members | Full | 25% Discount |
| Monthly Direct Debit 01/10/16 – 30/9/17 | | | | | | Monthly Direct Debit 01/10/16 – 30/9/17 | |
| £24.17 | £18.13 | £18.13 | £18.13 | £16.50 | £5.99 | £14.16 | £10.62 |

* OVERSEAS MEMBERS may only use the direct debit system if they maintain a UK bank account, otherwise payment must be made in full with a cheque drawn in Pounds Sterling upon a London bank, or by credit card.

NB: We are unable to accept faxed copies of direct debit mandates as your bank requires an original signature

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



College of
Occupational
Therapists



Please complete the form in full and send to:

Membership Administration Department
College of Occupational Therapists
106–114 Borough High Street, London, SE1 1LB

Name of Account Holder _____

Branch sort code

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Bank/Building Society account number

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Name and full address of your bank or building society

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|---------------------------------------|
| To: The Bank/Building Society Manager |
| |
| |
| Postcode: _____ |

Originator Identification number

| | | | | | |
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|---|---|---|---|---|---|

Reference number (for BAOT to enter)

| | | | | | | | |
|------|---|--|--|--|--|--|--|
| BAOT | 0 | | | | | | |
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Instructions to your Bank or Building Society

Please pay COT direct debits from the account detailed in this Instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with COT and if so, details will be passed electronically to my Bank/Building Society.

Signature _____

Print name _____

Date: ____/____/____

.....✂.....
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 COT will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If you request COT 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 COT 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.
- If you receive a refund you are not entitled to, you must pay it back when COT 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.



Paying by CHEQUE

To pay the subscription in full until 30th September 2017, please use the following table to determine how much you need to include with your completed application form.

| | Professional Members | | | | | | Associates | |
|----------------|----------------------|--------------|---------------|----------|--------------|----------------|------------|--------------|
| | Full | 25% Discount | Self-employed | Overseas | Career break | Retired member | Full | 25% Discount |
| | £ | £ | £ | £ | £ | £ | £ | £ |
| July 2016 | 362.55 | 271.95 | 271.95 | 271.95 | 247.50 | 89.85 | 212.40 | 159.30 |
| August 2016 | 338.38 | 253.82 | 253.82 | 253.82 | 231.00 | 83.86 | 198.24 | 148.68 |
| September 2016 | 314.21 | 235.69 | 235.69 | 235.69 | 214.50 | 77.87 | 184.08 | 138.06 |
| October 2016 | 290.04 | 217.56 | 217.56 | 217.56 | 198.00 | 71.88 | 169.92 | 127.44 |
| November 2016 | 265.87 | 199.43 | 199.43 | 199.43 | 181.50 | 65.89 | 155.76 | 116.82 |
| December 2016 | 241.70 | 181.30 | 181.30 | 181.30 | 165.00 | 59.90 | 141.60 | 106.20 |
| January 2017 | 217.53 | 163.17 | 163.17 | 163.17 | 148.50 | 53.91 | 127.44 | 95.58 |
| February 2017 | 193.36 | 145.04 | 145.04 | 145.04 | 132.00 | 47.92 | 113.28 | 84.96 |
| March 2017 | 169.19 | 126.91 | 126.91 | 126.91 | 115.50 | 41.93 | 99.12 | 74.34 |
| April 2017 | 145.02 | 108.78 | 108.78 | 108.78 | 99.00 | 35.94 | 84.96 | 63.72 |
| May 2017 | 120.85 | 90.65 | 90.65 | 90.65 | 82.50 | 29.95 | 70.80 | 53.10 |
| June 2017 | 96.68 | 72.52 | 72.52 | 72.52 | 66.00 | 23.96 | 56.64 | 42.48 |
| July 2017 | 72.51 | 54.39 | 54.39 | 54.39 | 49.50 | 17.97 | 42.48 | 31.86 |
| August 2017 | 48.34 | 36.26 | 36.26 | 36.26 | 33.00 | 11.98 | 28.32 | 21.24 |
| September 2017 | 24.17 | 18.13 | 18.13 | 18.13 | 16.50 | 5.99 | 14.16 | 10.62 |

*The discount is only available until the end of the first subscription year, after which membership will change to that of a professional or associate member.

WHICH MEMBERSHIP CATEGORY SHOULD I JOIN?

Please read the following to ensure that you are applying for the correct category of membership. A full list of the benefits of membership for each category can be found in the "Join" booklet or on the COT website – www.COT.co.uk

Professional Membership – You must hold a professional qualification recognised by the COT Council or have completed a period of training or actual practice as an occupational therapist as prescribed by the COT Council. You must either be registered with the Health and Care Professions Council or be eligible for registration with the Health and Care Professions Council and be resident in the UK.

If you have not been a COT Professional member before, then **you will receive a 25% discount on the full Professional Member fee until the end of your first subscription year.**

Self-employed Membership – As for Professional Membership and you must be wholly self-employed.

Overseas Membership – As for Professional Membership except that you must be resident outside the UK.

Career Break Membership – You must have been a COT Professional member for at least 12 months which then entitles you to a special discounted fee for up to one year whilst taking a career break.

Retired Membership – You must be an occupational therapist or support worker no longer actively employed in that role because of any form of retirement recognised by employers.

Associate Membership – You must be engaged in work within the recognised definition of occupational therapy and be ineligible for registration with the Health and Care Professions Council. You must be supervised in your occupational therapy work by a person who is eligible for COT professional membership.

If you have not been a COT Associate member before, then **you will receive a 25% discount on the full Associate Member fee until the end of your first subscription year.**

If you have any further questions regarding COT membership, please contact the Membership Administration Department:

Tel: 020 7450 2348 Email: membership@cot.co.uk

www.COT.co.uk

Please return completed form to:

Membership Administration Department
College of Occupational Therapists,
106–114 Borough High Street London, SE1 1LB