**MEMBERSHIP APPLICATION FORM**

[www.setpeg.net](http://www.setpeg.net)

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| **Applicant details**  |
| Name: |  |
| Job role: |  |
| Work email address/contact details:  |  |
| Name of organization& site which you work: |  |
| **Application supporting information** We would be grateful if you could provide a short statement in answer to the following questions: |
| What is your current position and responsibility for managing children and adolescents with epilepsy? |
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| What training / educational activities have you participated in to support this role?  |
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|  In what way, if any, do you think SETPEG could support your current role? |
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| **Membership fees and information** |
| £25.00 joining fee and then annual subscription of £25.00 payable on 1st June. There is a reduced rate of £10.00 joining fee and £10.00 annual subscription for non-Consultant members. |
| Membership includes two educational meetings a year. |
| Payment by direct bank transfer is preferred:**BACS Details:****Bank: Lloyds Bank** **Account number: 17772168** **Sort code: 30-96-83** **Account name: Treasurers Account South East Paediatric Epilepsy Group****BIC: LOYDGB21219** **IBAN: GB98LOYD30968317772168** |
| **Signed: Date:** **Please email your completed form to:** **amanda.tomalin@gstt.nhs.uk** |
| For office use. Application approved by:  |