



APPLICATION FROM

Please print **both pages** of this form and post to the address below

First Name* **Last Name***

Title/Rank (Mr, Mrs, Ms, Col, Prof, etc.)* **Former Name (if applicable)**.....

Pre/Post Nominals/Decorations*

***Please underline your preferred name and title....**

Address

Postcode **Email Address**.....

Mobile.....**Phone Number**

Date of Birth/...../..... **Dates of Nurse Training**

Nursing Qualification(s).....

Nurse Training (and place where completed).....

NMC Pin

(If no longer on the Register, please give your previous NMC PIN or GNC Registration Number)

Are you in current nursing practice? Yes No Other

- Current Role** Please tick all that apply
- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Not in Clinical Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Postgraduate student | <input type="checkbox"/> Nurse Specialist |
| <input type="checkbox"/> Management | <input type="checkbox"/> Nurse Entrepreneur | |
| <input type="checkbox"/> Other | | |

Preferred Professional development areas:

Please indicate how you heard about the Guild

Are you a member of any other Livery Company? Yes No

If so, please provide details of your Mother Company.

Have you been granted the Freedom of the City of London? Yes No

If so, please give the date of your Declaration



Please complete this page and choose a level of membership

Type of membership	Quarterage	Please tick
Quinquennial (5 years)	£500 minimum	
Annual	£60 + £25 joining fee	
Apprentice	£10	

- I would also like to make a donation of £.....to: The Guild of Nurses

TOTAL PAYMENT: £.....

Please indicate below how you made your payment.

- I have paid electronically by BACS transfer

To: Lloyds Bank:

Sort code: 30-90-92

Acc no. 32947968

Acc name: The Guild of Nurses

On: Date:/...../.....

Please use your surname and 2 initials eg Smith E C

- I enclose a cheque payable to The Guild of Nurses to the value of £.....

For ease of administration a Direct Debit mandate is to be completed and included with your application, in order that we can collect annual quarterage payments direct from your bank, if your application is successful

Signed..... Date.....

I confirm that the information contained within this application form is accurate to the best of my knowledge and I give permission for the Guild of Nurses to contact and communicate with me via email, telephone, text and post. I confirm that I have never been declared bankrupt or have a criminal conviction. I confirm that I have not been struck off the NMC register.

- I agree to inform the Guild of any changes in my circumstances to membership@guildofnurses.co.uk
- I give my explicit permission for The Guild of Nurses to hold my personal data that is contained within this form.

Signature Date

Please send completed form (and cheque where appropriate) to:

The Guild of Nurses

c/o The Rt Hon Anne Milton MP, House of Commons, Palace of Westminster, London, SW1A 0A

Thank you for helping us on our way to becoming a Livery Company and so creating a legacy for the generations of nurses who follow us