



**AFFILIATE (UNPAID)
MEMBERSHIP FORM**

**HEALTHCARE SCIENCE
'MSC PTP' STUDENTS**

To be returned to SCST, c/o British Cardiovascular Society, 9 Fitzroy Avenue, London, W1T 5HW, UK
Please complete in capital letters and in black ink. All fields marked with an * are mandatory.

*Title		*First name:		*Surname:	
Former name:					
Date of birth:					
*Position:					
* <u>Permanent</u> (home) mailing address, including postcode:					
*Telephone number (daytime):			Alternative number e.g. mobile:		
*Personal Email address:					
*University email address:					
Relevant PTP Programme:					
*Name and full address of present University (including postcode):					
University			Current Year of Study		
Practitioner Training Programme (PTP)					

-SCST PTP student membership fee is £0 per annum. For SCST membership rules see www.scst.org.uk

-Please note that on successful degree attainment, full ordinary membership will be awarded and relevant subscriptions will apply

Signature of applicant..... Date.....

Please note by signing you agree to have your name published on the SCST online register unless requested otherwise.