

# Join the SoR today! Membership form



Join Online!  
Scan the code

## 1. Personal information

Surname \_\_\_\_\_ Title: Mr  Mrs  Miss  Ms  Mx

Forename(s) \_\_\_\_\_ Any previous surnames \_\_\_\_\_

Date of birth \_\_\_\_\_ SoR Membership Number (if applicable) \_\_\_\_\_

Gender Male  Female  Unspecified

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which is substantial and has a long term adverse effect on someone's ability to carry out normal day-to-day activities. To help us to be aware of your disability needs please complete the following:

Are you disabled? YES  NO

If yes, what support facilities do you need? \_\_\_\_\_

## 2. Membership category

Please indicate which membership category you wish to apply for. You should note that your level of professional indemnity insurance (PII) is linked to your membership category, so it is essential that this is correct. If you are unsure or have any questions please contact the membership department at [membership@sor.org](mailto:membership@sor.org) or on 0207 740 7200 for advice.

Are you a new or rejoining member? Please specify and provide as much information as possible about your previous membership \_\_\_\_\_

**Radiographer\***

If working in the United Kingdom please provide your HCPC number

**Associated Professional\***

Please provide the details of any relevant statutory regulation or voluntary registers \_\_\_\_\_

**Accredited Assistant Practitioner**

This category is only open to assistant practitioners who are accredited by the College of Radiographers

**Radiographic or Administrative or Clerical Worker**

If you are an assistant practitioner who has yet to achieve accreditation by the College of Radiographers please tick here

\* You may be eligible for a reduced rate subscription if your annual salary is less than the starting point of NHS pay band 5. The reduced rate form can be downloaded at [www.sor.org/being-a-member/join-us/reduced-rate-subscription-form](http://www.sor.org/being-a-member/join-us/reduced-rate-subscription-form). You will then need to return this along with copies of your three most recent pay advices.

### 3. Your qualifications

Please provide the title, dates and awarding body for all relevant professional qualifications

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

Please state your principal areas of practice or professional interest \_\_\_\_\_

\_\_\_\_\_

### 4. Employment details

If you are employed or self-employed please complete this section starting with details of your main place of work  
If you are unemployed please tick the box and go to section 5

Employer type e.g. NHS, Independent Sector, other (please specify) \_\_\_\_\_

Name and Address of Employer ( i.e. NHS Trust, Health Board, Employing Authority or Organisation)

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Name and Address of Workplace

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Department or Section \_\_\_\_\_

Job Title \_\_\_\_\_

NHS Pay Band (if applicable) \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Work e-mail address \_\_\_\_\_

Are you: Full Time  Part Time  Bank Worker  Job Share  Agency

What are your normal contracted working hours per month? \_\_\_\_\_

Do you currently hold the post of Radiation Protection Supervisor (RPS) for your department? Yes  No

## Additional Employment

Employer type e.g. NHS, Independent Sector, other (please specify) \_\_\_\_\_

Name and Address of Employer ( i.e. NHS Trust, Health Board, Employing Authority or Organisation)

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Name and Address of Workplace

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Department or Section \_\_\_\_\_

Job Title \_\_\_\_\_

NHS Pay Band (if applicable) or approximate salary \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Work e-mail address \_\_\_\_\_

Are you: Full Time  Part Time  Bank Worker  Job Share  Agency

What are your normal contracted working hours per month? \_\_\_\_\_

Do you currently hold the post of Radiation Protection Supervisor (RPS) for your department? Yes  No

**If you have more than two employers please give the details of each additional employer on a separate sheet.**

## 5. Data Protection Act 2018

The Society of Radiographers will use your information to process and manage your membership of the Society. Our lawful basis for processing your information is to manage our membership and fulfil our legitimate interests as a trade union and professional body.

Managing membership includes administering membership records, the balloting of members and potential members; providing and organising activities; representation and legal services; professional indemnity insurance; education; research; monitoring for equal opportunity purposes; journalism and media; advising you of our services; maintaining our own accounts and records.

We will share some of your information with the College of Radiographers, the charitable subsidiary of the Society, which **we work with to shape policy and standards, pioneer new ways of working, and ensure safe and fair workplace.**

Your email address will be made available to your representative and council member.

We will retain your personal information for the duration of your membership with the Society. When your membership expires we will continue to retain some of your information in order to be able to prove your membership if needed.

We will send you relevant information about the services we provide to our members as part of your membership benefits.

If you would like us to contact you occasionally with other information which may be of interest to you please tick the boxes below to tell us how you would like to receive this. You can choose to unsubscribe from receiving this information at any time.

By post  By email  By telephone  By text message

We will not share your personal information with any other organisation without your prior consent, unless we are required to do so by law.

For further information on how your information is used, how we maintain the security of your information, and your rights to access the information we hold on you, please see our privacy statement <http://www.sor.org/privacy-statement> or contact the Data Protection Officer at [dpo@sor.org](mailto:dpo@sor.org) or at The Society of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW. If you have any concerns about how we handle your data you can also contact the Information Commissioner's Office at <https://ico.org.uk/global/contact-us/>

## 6. Optional Demographic Data

### A. White

- A1. British
- A2. Any other White background

### B. Mixed

- B3. White and Black Caribbean
- B4. White and Black African
- B5. White and Asian
- B6. Any other mixed backgrounds

### C. Asian

- C7. Indian
- C8. Pakistani
- C9. Bangladeshi
- C10. Any other Asian background

### D. Black

- D11. Caribbean
- D12. African
- D13. Any other Black background

### E. Chinese or other ethnic group

- E14. Chinese
- E15. Any other, please write in

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### F. Undeclared

- F16. Undeclared

### Please indicate your nationality by ticking the appropriate box:

1. British
2. English
3. Northern Irish
4. Scottish
5. Welsh
6. Other, please write in
-



## 7. Declaration

I, the undersigned, declare that all of the information supplied by me in connection with this application is correct and that in the event of my acceptance in to membership I will be governed by the rules, regulations and Articles of Association of The Society of Radiographers and as far as possible I will advance the objectives of the Society. I have read and understood the data privacy notice provided in the General Data Protection Regulation section. I understand that I may withdraw from the Society at any time by giving written notice and ensuring that my membership fees are paid up to date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please ensure that all parts of the form are complete and that you have filled in the direct debit mandate (UK only). Outside of the UK you may send a banker's draft in GBP pounds sterling payable to 'The Society of Radiographers'.**

Please note that we will normally set up a direct debit to start your membership from the beginning of the month following your application. If you would like to start your membership earlier or later than this please indicate your preferred join date below. You will need to contact us by telephone to make a card payment for the current month's subscription if you wish your membership to start immediately.

Preferred join date \_\_\_\_\_

### **Society of Radiographers Political Fund - Notice of willingness to contribute to the political fund**

- The Society campaigns to protect the interests of members and patients. An issue that is of concern to radiographers will often have the potential to be detrimental to good patient care. The political fund allows us to campaign on behalf of radiographers and patients at critical times. Please visit our webpage for more information
- I HEREBY give notice that I am willing, and agree, to contribute to the political fund of the Society of Radiographers, and I understand that I shall in consequence, be liable to contribute to that Fund and shall continue to be so liable, unless I deliver to the head office or some branch office of the union, a written notice of withdrawal. I understand that after delivering such a notice of withdrawal I shall still continue to be liable to contribute to the political fund until the next following payment period.
- I understand that the additional quarterly payment of 60p will be taken from my account using the same direct debit that I have set up for the monthly payment of my normal subscription to the Society of Radiographers.
- I understand that I can withdraw from the fund at any time by completing an online form. I understand that any decisions I make at any time regarding joining or withdrawing from the fund will not prejudice my standing with, or receipt of services from, the Society of Radiographers.

I agree to join the political fund       I do not agree to join the political fund



# SoR

THE SOCIETY OF  
RADIOGRAPHERS



## Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

The Society of Radiographers Membership Department 207 Providence Square Mill Street London SE1 2EW
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Service user number

9	4	1	0	9	8
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Name(s) of account holder(s)


Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

<p><b>FOR THE SOCIETY OF RADIOGRAPHERS OFFICIAL USE ONLY</b></p> <p>This is not part of the instruction to your Bank or Building Society</p> <p><b>PLEASE COMPLETE THIS PART OF THE MANDATE WITH YOUR SOR MEMBERSHIP NUMBER (IF KNOWN) AND YOUR POSTAL ADDRESS</b></p> <p>SoR Membership No. ....</p> <p>Name: .....</p> <p>Address: .....</p> <p>.....</p> <p>.....</p>
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**Instruction to your bank or building society**

Please pay The Society of Radiographers 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 The Society of Radiographers and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Reference

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Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer

<h2>The Direct Debit Guarantee</h2>	
<ul style="list-style-type: none"> <li>• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits</li> <li>• If there are any changes to the amount, date or frequency of your Direct Debit The Society of Radiographers will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Society of Radiographers to collect a payment, confirmation of the amount and date will be given to you at the time of the request.</li> <li>• If an error is made in the payment of your Direct Debit, by The Society of Radiographers 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           <ul style="list-style-type: none"> <li>– If you receive a refund you are not entitled to, you must pay it back when The Society of Radiographers asks you to</li> </ul> </li> <li>• 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.</li> </ul>	