**Professional members:**

Health care professionals (including Medical, Nursing, Allied Health Professionals, and scientific investigators) actively engaged by reason of their employment in the care of the burn injured patient.

As a Professional member you are entitled to receive all mailings, notices and other information issued and have access to the members’ only area of website. You will also have full voting rights (general entitlements), and may be nominated to sit on the Board of Trustees unless there are significant conflicts of interest, determined by the Board of Trustees.

**Overseas members:**

Persons who would be eligible for professional membership but who reside and work overseas for more than fifty percent of the year.

As an Overseas Member you are entitled to all general entitlements and may vote on Association matters at the Annual General Meeting. However, you cannot be nominated for election to the Board of Trustees.

**Associate members**:

The Association recognises the large amount of work done on behalf of burn survivors and in the work of burn prevention by other charities and philanthropic groups and non-medical workers actively engaged by reason of their employment in some aspects of care of the burn injured patient. Associate membership is therefore open to such at the discretion of the Board of Trustees.

As an Associate member you are entitled to all general entitlements. However, you may not vote on formal Association business or be elected onto the Board of Trustees. Associate members may be invited to serve in a voluntary capacity on Association sub-committees where their particular experience may be of value and may be invited to attend the Board of Trustees on a similar basis as an Observer but may not vote in either capacity.

**Honorary members**:

Honorary membership of the Association may be awarded by the Board of Trustees of the association to persons who:

* + 1. have demonstrated outstanding service to burn injured patients in accordance with the aims of the Association. Nominations may be made for this membership category by at least two members of the Association. Names may be forwarded to the Board of Trustees which will then present its decision for ratification by the Annual General Meeting.
    2. have by invitation given the annual Wallace Memorial Lecture.

Members in this category will no longer be required to pay a subscription but are entitled to all general entitlements and may vote on Association matters but may not be nominated for election to the Board of Trustees.

**Student members**

Students studying for their primary degree in health related disciplines, who confirm by application their place of study and graduation date. Your membership will be time limited. A reference from your educational supervisor together with a letter of verification should be submitted from your university or equivalent institution with your application from which should include your graduation date. On graduation, you should reapply as a professional member.

Student members are entitled to all general entitlements but may not vote on Association matters at the Annual General Meeting and may not be nominated for election to the Board of Trustees.

|  |  |
| --- | --- |
| **INSTRUCTIONS to applicants** | |
| **1.** | Applicants should submit only complete forms and should arrange for these forms to be in clear print or typescript. |
| **2.** | Applicants **must** be proposed by two **Members** of the Association, who must sign the reference form.  **PLEASE NOTE: It is the responsibility of the individual applying for membership to organise referees.**  Applications cannot be considered until signatures from both referees have been received. **No reminders will be issued to referees from the Secretariat.** |
| **3.** | Forms must be submitted **NOT LATER** than 3 months after signature by referees. |
| **4.** | RETURN TO**:** MEMBERSHIP APPLICATIONS, British Burn Association, Royal College of Surgeons of England, 35-43 Lincoln’s Inn Fields, London, WC2A 3PE or info@britishburnassociation.org |

|  |  |  |
| --- | --- | --- |
| ***I wish to apply for membership of the British Burn Association:***  £75 for doctors and consultant nurses/AHPs; £50 for nurses/AHPs/others; and £30 for students | | |
| **1.** **Surname** | | |
| **Forenames** (in full): | | |
| **Title:** | | **Male/Female:** |
| **Date of Birth:** | |  |
|  | | |
| **2. Qualifications** (with dates and awarding bodies): | | |
|  | | |
| **3.** **Addresses** | | |
| Home: |  | |
| E-mail: |  | |
| Telephone No (incl. STD code): |  | |
| Mobile Phone no: |  | |
| Fax No: |  | |
| Work (If student name of place of study): |  | |
| E-mail: |  | |
| Telephone No (incl. STD code): |  | |
| Fax No: |  | |
| Preferred address for correspondence (please select one) Home / Work | | |
|  |  | |
| **4.** **Present Post** (If student, name of health related degree) |  | |
| **Years in Present Post** (if student, graduation date) |  | |

|  |  |
| --- | --- |
|  | **PART A** |

|  |
| --- |
| **I would like to join the following Special Interest Groups:**  Education Prevention Research Pre-Hospital  Nurses Psychosocial Burn Therapists Informatics  Microbiology/Infection Prevention Nutrition Burn Camp Overseas |

|  |
| --- |
| **5. Categories**  **Membership applying for**: *please tick*  Professional 🞐 Overseas 🞐 Associate 🞐 Student 🞐  **PROFESSION?:** *please tick*  Doctor/Surgeon 🞐 Nurse 🞐 Therapist 🞐 Scientist 🞐 Educator 🞐  Psychologist 🞐 Dietician 🞐 Pharmacist 🞐  Other, please state ….…………………………………………………………………..  **WHERE DO YOU WORK?:** *please tick*  Ambulance 🞐 A&E 🞐 ICU 🞐 Burns Service 🞐 DoH/Gov Dept 🞐 Police 🞐 Fire 🞐  Charity 🞐 Industry 🞐 NHS Management 🞐  Other, please state ……………………………………………………………………….  **HOW ARE YOU PRIMARILY INVOLVED IN BURN CARE?:** *please tick*  Research 🞐 Prevention 🞐 Education 🞐 Acute Care 🞐  Rehabilitation 🞐 Burn Camp 🞐 Management 🞐  Other, please state ………………………………………………………………………… |

|  |  |  |
| --- | --- | --- |
| **6.** **General Data Protection Regulation (GDPR) / Data Protection Act** | | |
| **Please note: The British Burn Association (BBA) is registered with the Information Commissioner’s Office for Data Protection and the BBA list of members to include the information above will be held by the BBA in accordance with the Data Protection Act 1998 and GDPR.** I understand that at no time will any data be disclosed for commercial purposes. My name and preferred contact details may be published on the Members’ area of the website and in any future Association handbook, as appropriate. I understand that my details will be shared with relevant BBA user groups pertaining to my interests and expertise; that my name, workplace and contact details will be shared with the European Burn Association for the purposes of membership; and that I shall receive all the benefits listed on the BBA website at <https://www.britishburnassociation.org/membership/>. I understand that the BBA will retain my details as a permanent record of my membership of the BBA.  .  I consent to my records being held in this manner to be released in accordance with this statement. | | |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Please note that you have the right to request access to rectify your data, erase it and to object to its processing. Correspondence regarding your data should be addressed to the Data Controller at info@britishburnassociation.org* | | |
|  | |  |
| **7.** **Declaration** | | |
| If accepted, I agree to abide by the Constitution. | | |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TO BE COMPLETED BY BBA EXECUTIVE ONLY | **PART B** | |
| **8. Accepted by:**  **BBA Board of Trustees Member** | **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

|  |  |
| --- | --- |
| TO BE COMPLETED BY REFEREES ONLY | **PART C** |
| |  |  |  |  | | --- | --- | --- | --- | | **9.** **References** | | | | | We the undersigned, testify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to us, is eligible in accordance with the articles of the Association and is in every way a suitable candidate for Membership. We are / are not aware that the applicant has a commercial bias / is employed by industry for over 50% of the time. Please specify relevant information below: | | | | |  | Name *(in capitals)* | **Signature** | **Date** | | a. |  |  |  | | E-mail: | |  |  | | Telephone No (incl. STD code): | |  |  | | Fax No: | |  |  | |  | Name *(in capitals)* | **Signature** | **Date** | | b. |  |  |  | | E-mail: | |  |  | | Telephone No (incl. STD code): | |  |  | | Fax No: | |  |  | | |