**FULL MEMBERSHIP**

**APPLICATION/ RENEWAL FORM**

GASW is a Membership Organisation.

As full members you are eligible for participation in a monthly Median Group and regular Business meetings. You are also eligible for registration with UKCP. In order to maintain this registration and remain a member of GASW you are required to complete this form annually and pay your annual membership fee.

GASW membership runs from January to December each year. If you join part way through the year your membership fee will be adjusted accordingly.

**Full membership fee 2025: £130**

1. **Your Details**

|  |
| --- |
| **Please enter details below** |
| Full Name |  |
| Address inc. postcode |  |
| Email |  |
| Mobile |  |
| Alternative Tel no |  |

1. **Confirmation of Insurance**

|  |  |
| --- | --- |
| **Insurance details**  |  |
| Name of Insurer |  |
| Expiry date of insurance |  |
| Please confirm you have attached a copyof your insurance certificate  |  |

1. **Confirmation of Clinical Will (private practice only)**

|  |  |
| --- | --- |
| **Clinical Will**  | Yes/No/NA |
| If you work in Private Practice, please confirm you have a clinical will in place |  |
| Please confirm you have appointed a clinical executor  |  |

1. **Membership Directory consent**

GASW produces an annual membership directory which is shared amongst members. It is also accessible in the members only area of the website to students studying on GASWs Foundation, Diploma and Qualifying courses.

We need your consent to share your information on the membership directory. Please indicate which information you want included in the Directory by deleting as appropriate. We will take this as evidence that you have consented to share this information.

|  |  |
| --- | --- |
| **Details** | **I consent to share this information –\*delete as****appropriate** |
| Name | I do/do not want this included in the members directory |
| Email  | I do/do not want this included in the members directory |
| Mobile | I do/do not want this included in the members directory |
| Alternative Tel no | I do/do not want this included in the members directory |

1. **GASW Code of Ethics and Professional Practice**

The UKCP now require members to confirm they have read the GASW Code of Ethics and Professional Practice updated in March 2025. This document has been sent with the membership renewal email. Please confirm below that you have read the document.

|  |  |
| --- | --- |
| **GASW Code of Ethics and Professional Practice** |  |
| I hereby confirm that I have read the GASW Code of Ethics and Professional Practice. Please indicate by circling the box that you have read it.  | **YES / NO** |

1. **Payment**

Payment of membership fees can be made in full or by monthly instalments by Standing Order. Please indicate how you intend to pay.

|  |  |
| --- | --- |
| **Payment type** | **Tick one box** |
| I will pay the full fee of £130 by 14th February 2025 |  |
| I will pay by 10 monthly instalments of £13.00 by Standing Order between January – October 2025 |  |
| I will pay by 5 monthly instalments of £26.00 by Standing Order between January – May 2025 |  |
| *Please tick here if you would like an invoice* |  |

Please make your payment by bank transfer and ensure that your payment is easily identifiable:

 Account Name: Group Analysis South West No.2 A/C

 Sort code: 08-92-99

 Acct. No: 65220236

1. **Confirmation**

I confirm these details are correct and I confirm the consents given to be included in the membership directory.

**SIGNATURE\*: DATE:**

*\*GASW accepts a typed signature when returning the form electronically.* **Please return this form to info@gasw.org.uk**

Updated June 2025