**SOUTH WEST OCCUPATIONAL HEALTH NURSES GROUP**

**MEMBERSHIP APPLICATION FORM**

*You can complete this form by hand or electronically (electronic copy preferred!)*

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| **PERSONAL DETAILS** |
| **Full Name:** |
| **Mailing Address:** |
| **Post Code:** |
| **Job Title:** |
| **Employer:**  **Preferred contact telephone:** |
| **Email Address:** |
| **Any OH areas of special interest:** |
| Please check this box if you **do not wish** your contact details on the list to be circulated to  other members |
| **MEMBERSHIP INFORMATION**  Members will be sent email updates periodically with news of training courses, job vacancies etc. The group website [www.southwestohngroup.co.uk](http://www.southwestohngroup.co.uk) and Facebook page are kept up to date with group and general OH information relevant to members. |

Please submit the form electronically where possible to: [shirley.butler@ghc.nhs.uk](mailto:shirley.butler@ghc.nhs.uk)

**Office Use**

      Date form received