

NATIONAL STROKE NURSING FORUM
MEMBERSHIP APPLICATION FORM

Name:
Job Title:
Address:
.....
Email Address:

Area of Practice:
(please tick all boxes relevant to your practice)

- Acute Care** **Primary care and prevention**
Rehabilitation **Intermediate and Continuing care**
Research **Independent Sector**
Education **Voluntary**
Other

Specialist Area of Practice (if appropriate)
.....

Special interests
.....
.....

I consent to the above information being entered onto a Stroke Nursing Network Database which can be accessed by members of the forum only: YES NO
I have read and agree with the terms and conditions of the website YES NO

Please complete Standing Order for annual subscription fee of £10.00 and return to your bank.
Please ensure your full name is on the reference.

Signature: **Date:**

Please forward your completed application form to the Secretary of the National Stroke Nursing Forum
Frank Foreman, Stroke Co-ordinator, Surrey PCT, Walton Hospital, Rodney Road, Walton on Thames, Surrey, KT12 3LD.
(frank.foreman@surreypct.nhs.uk)
Upon receipt of your membership fee, you will be sent a pin number that will allow access to the website