



Application for Membership

Full membership is open to registered nurses working within the field of forensic nursing as forensic nurse examiners, sexual assault nurse examiners or police custody nurses.

Associate membership is open to individuals who have a genuine interest in forensic nursing, sexual assault victim care and / or custody nursing

APPLICATION – FULL MEMBERSHIP										APPLICATION – ASSOCIATE MEMBERSHIP																																			
First Name(s)										First Name(s)																																			
Last Name										Last Name																																			
Title		Date of Birth			D	M	19	Y			Title		Date of Birth			D	M	19	Y																										
Address										Address																																			
					Area										Area																														
					Town/City										Town/City																														
					Region										Region																														
					Country										Country																														
Postal Code										Postal Code																																			
Telephone Number					STD		NUMBER								Telephone Number					STD		NUMBER																							
Email					@					Email					@																														
Date Registered as a nurse					MONTH			YEAR							Profession																														
Length of forensic practice					YEARS			MONTHS							Current Role																														
In which area of forensic nursing do you practice <i>(tick all that apply)</i>					Sexual Assault (victim)		Sexual Assault (suspect)			Briefly describe below your interest in forensic/custody nursing and/or sexual assault victim care																																			
					Forensic Nurse Examiner																																								
					Custody Nurse Practitioner																																								
					Other Role (describe below)																																								
Do you present evidence in court <i>(tick yes/no)</i>					Testimony		yes	no																																					
					Professional		Y	N																																					
					Expert		Y	N																																					
Local Police Service					Service																																								
					Region																																								
How many sexual assault victims attend your service each year? (average)										<h2 style="text-align: center;">DECLARATIONS</h2> <p style="text-align: center;">to be completed by ALL applicants</p> <p><i>I hereby declare that I wish to apply for membership of UKAFN and that I have completed this form accurately and believe the information provided to be true</i></p> <p><i>If accepted into membership, I agree to abide by the constitution and will endeavour to uphold the mission and values of UKAFN</i></p> <p><i>If accepted into membership, I agree to pay an annual subscription to the UKAFN in order to maintain registration*</i></p>																																			
How many sexual assault suspects attend your service each year? (average)																																													
How many sexual assault victims do you examine each year?																																													
How many sexual assault suspects do you examine each year?																																													
Forensic Education <i>(please detail courses and qualifications / accreditation)</i>															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">SIGNED</td> <td colspan="8"></td> </tr> <tr> <td colspan="2"></td> <td>DATE</td> <td>DD</td> <td>MM</td> <td>YYYY</td> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="10" style="text-align: center;">*subscription rates will be notified in advance – 1st year is FREE</td> </tr> </table>					SIGNED												DATE	DD	MM	YYYY						*subscription rates will be notified in advance – 1 st year is FREE				
SIGNED																																													
		DATE	DD	MM	YYYY																																								
*subscription rates will be notified in advance – 1 st year is FREE																																													
DATE		Course & Venue			Qualification																																								
D	M	Y																																											
D	M	Y																																											
D	M	Y																																											
FOR UKAFN USE					Date of Application			D	M	Y	MEMBERSHIP TYPE <i>*(delete as appropriate)</i>		FEE PAID		APPROVED BY <i>(signature & name)</i>																														
					Application Approved			Y	N	Full*	Associate*	£																																	

Information gathered using this form will be used **ONLY** for the purposes of assessing applications for membership and the maintenance of a register of full and associate members. The information will not be shared with any other party without your prior written agreement.

By completing this form you agree to the UKAFN using the information therein to assess your application for membership and if accepted into membership retain your details on a register of members