ASSOCIATION OF CHILD DEATH REVIEW PROFESSIONALS (ACDRP)

MEMBERSHIP APPLICATION FORM

Nov 2022

# Section 1: About you

(\*required fields)

|  |  |
| --- | --- |
| Name\* |  |
| Job Role\* |  |
| Telephone |  |
| Email\* (please use your professional email only) |  |
| Contact Address for Communication\*  (can be work or home) |  |
| Organisation\* |  |
| Role in Child Death Review\* |  |

# Section 2: Reason for membership application

* 1. **What are your main reasons for applying to be a member of the ACDRP?\***

|  |
| --- |
|  |

* 1. **How did you hear about us?\***

|  |
| --- |
|  |

# Section 3: I am a professional/volunteer working in Child death review or have done so in the last 5 years.

|  |  |
| --- | --- |
| Does your application meet this description? \* | Yes |

# Section 4: Affirmation\*

By submitting this form you are agreeing, to adhere to the Article of Association for the ACDRP

**Signed …………………………………**

**Name…………………………………..**

**Date…………………………………….**

# Section 5: Application submission and approval

# Submitting your application for membership

Once completed please email this form to [uk.acdrp@nhs.net](mailto:uk.acdrp@nhs.net) FAO Amanda Turner

# Approval process

The member and nominations committee will review the application and you will be notified only if there are queries around you application.

# Privacy

Please note your personal details will not be used in a public domain but monitored and used purely for ACDRP business purposes.

If you wish your name to be removed from the membership list at any time, please contact [uk.acdrp@nhs.net](mailto:uk.acdrp@nhs.net)

# Membership Rights and Requirements

Extract from the ACDRP Articles of Association

*8 MEMBERSHIP*

*8.1 The Association shall admit to Membership any individual having a professional interest in the field of Child Death Review in the United Kingdom who:*

*8.1.1 applies to the Association using the application process approved by the directors; and*

*8.1.2 is approved by the directors.*

*Following approval by the directors, confirmation shall be sent to each successful applicant confirming their Membership of the Association and the details of each successful applicant shall be entered into the register of Members.*

*8.2 All Members must pay each year to the Association an annual membership fee, the amount and payment date of which shall be decided by the directors from time to time.*

*8.3 The Association shall maintain a register of Members and any person ceasing to be a Member shall be removed from the register.*

*8.4 The directors may establish different classes of Members and set out the different rights and obligations for each class, with such rights and obligations recorded in the register of Members.*

*9 PROHIBITION ON TRANSFER OF MEMBERSHIP*

*9.1 A Member may not transfer his membership to another person.*

*9.2 When a Member dies or becomes bankrupt the Membership shall automatically cease.*

# What are the requirements for all members of the ACDRP?

* To pay membership fees within eight weeks of receipt of invoice or on application if applicable

*(Membership will be free of charge until Jan 2024 when this will be reviewed)*

# What are the rights of members of the ACDRP?

* Entitled to attend and speak at general meetings of the ACDRP
* Entitled to nominate persons to stand for election to the executive board
* Entitled to participate in committees and working groups of the ACDRP if invited
* Entitled to lodge proposals for consideration at the general meetings
* Access to ACDRP web-resources
* Priority notification of future events
* Membership of a community and network of practitioners working in CDR