

ISPS UK membership application form 10/11

The UK network of The International Society for the Psychological Treatments of the Schizophrenias and other Psychoses

New member Renewing member

The cost for annual membership is £50 (includes annual subscription to the journal Psychosis). A reduced fee of £20 (including annual subscription to the journal Psychosis), £10 (without journal) is available for service users/carers, unwaged/minimum waged and students. Please contact the Society for further details. Additional donations towards the work of the Society are also very welcome. Membership runs from the 1st September each year. Please **print** your details clearly.

I wish to join the ISPS UK (please tick):

£50 full membership fee
 £20 reduced membership fee (with journal) £10 reduced membership fee (without journal)

Title _____ First Name _____ Last Name _____

Address 1 _____

Address 2 _____

Town/City _____ County _____

Postcode _____ Tel No _____ Fax No _____

Email _____

Would you like to try our on-line information and discussion group? Yes No Already a member

How did you learn about the ISPS UK? Web Site Yahoo Groups General Advert Colleague Other
 Conference (if so, which conference?) _____

Method of Payment

Standing order I enclose my cheque made payable to 'ISPS UK'
 Please accept payment by Mastercard/Visa/ Switch/Maestro (please circle):

Card Number _____ Expiry Date _____

Start Date (Maestro) _____ Issue Number (Switch) _____

Last 3 digits on reverse of card) _____

Please return this completed form (both sides) to **ISPS UK, PO Box 7383 Wellingborough NN8 9FB**
Further information on the ISPS UK can be found in our Membership Brochure or on the website: www.isps.org/uk

DATA PROTECTION POLICY

ISPS UK will only use its membership database for the purpose of informing members about ISPS and related activities. ISPS UK will not copy, sell or disclose information in its database to any organisation outside ISPS without seeking written permission from the member(s) concerned.

Standing Order Form

I wish you to collect standing orders on 1st September 2010, or with immediate effect if this is completed after 1st September 2010, and thereafter on 1st September each year until further notice.

To _____ Bank Ltd/plc Branch Address _____

Sort Code _____ Account holder _____

Account number _____ Date _____

£ _____ (please enter £50, £20 or £10 as appropriate) For the credit of:

ISPS UK at: National Westminster Bank Sort Code 50-30-03 Account No: 96481870
PLEASE CANCEL ANY PREVIOUS STANDING ORDERS PAYABLE TO ISPS UK

Your signature _____ Name in full _____

Please let us know your interests

Main Profession or Role

- | | |
|---|--|
| <input type="checkbox"/> Arts Therapist (Music, Dance and Movement etc) | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Psychotherapist |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Service User |
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> Service Manager |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Lecturer | <input type="checkbox"/> Student |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Other: Please state |
| <input type="checkbox"/> Occupational Therapist | |
-

Therapeutic Orientation (tick any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Arts Therapies (say which) | <input type="checkbox"/> Group Analysis |
| <input type="checkbox"/> Analytic Psychology | <input type="checkbox"/> Humanistic and Integrative Psychotherapy |
| <input type="checkbox"/> Cognitive Analytical Therapy | <input type="checkbox"/> Hypnotherapy |
| <input type="checkbox"/> Cognitive Behavioural Therapy | <input type="checkbox"/> Psychoanalytic |
| <input type="checkbox"/> Cognitive Therapy | <input type="checkbox"/> Psychoanalytically Based Therapy with Children |
| <input type="checkbox"/> Family/Couple Therapy | <input type="checkbox"/> Other: Please state |
-

Work Setting (tick any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Assertive Outreach Team | <input type="checkbox"/> Private |
| <input type="checkbox"/> Community Mental Health Team | <input type="checkbox"/> Research |
| <input type="checkbox"/> Day Hospital | <input type="checkbox"/> Self-help group/organisation |
| <input type="checkbox"/> Early Intervention Team | <input type="checkbox"/> Teaching Institution |
| <input type="checkbox"/> In-patient acute | <input type="checkbox"/> Therapeutic Community |
| <input type="checkbox"/> In-patient long-stay/rehabilitation | <input type="checkbox"/> Voluntary Sector |
| <input type="checkbox"/> In-patient secure | <input type="checkbox"/> Other: Please state |
| <input type="checkbox"/> Out-patient | |
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Please tell us any professional organisations or institutes of which you are a member

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Thank you for completing this.