

Group Membership Application Form



CHILD CONCERN is a registered charity whose objects are to work to further and improve knowledge and practice of all persons involved and interested in the law and practice relating to children and children's issues. Based in the North West, Child Concern is an association with a multi-disciplinary membership from a wide geographical area. The present membership includes Solicitors, Barristers, Social Workers, Guardians, Psychologists, Psychiatrists, Paediatricians and other Health Professionals and members of the Judiciary.

CHILD CONCERN provides its members with a forum for the exchange of information, opinions and ideas and the opportunity to share and to learn from the experience and knowledge of members of other professions dealing with the same issues in relation to children and their families.

CHILD CONCERN presents evening and full day training seminars throughout the year which are CPD accredited for solicitors and for members of the Bar under the New Practitioner Programme. Members benefit from reduced entry fees to all seminars but non-members are also welcome at very competitive prices. In addition, social events also take place throughout the year.

Members receive the CHILD CONCERN Newsletter which includes articles of topical interest relating to practical issues, case law notes, diary dates of forthcoming events and other items of interest.

The subscription rate for Group Membership to CHILD CONCERN is £150.00 per annum and the membership year runs from 1 May to the 30 April.

Group Membership is available to organisations wishing to take advantage of discounted seminar fees and the Newsletter. Group Membership is held by five nominees within an organisation but allows any employees of the organisation, up to a maximum of five, to attend seminars at a reduced rate. Please complete and return the attached form if you would like to join.



CHILD CONCERN GROUP MEMBERSHIP 2016-2017

Thank you for your enquiry regarding Child Concern Group Membership. The annual subscription runs from 1st May 2016 to 30th April 2017. Please complete this form with the details of the chosen **5** group members and return it as soon as possible.

The annual Group Membership subscription fee is **£150.00**.

Thank you

GROUP MEMBERSHIP APPLICATION FORM

Lead Group Member: Please complete in block capitals

TITLE:FIRST NAME:SURNAME:

PROFESSION/OCCUPATION:

ADDRESS FOR CORRESPONDENCE:

.....POST CODE:

DAYTIME TELEPHONE NO: E-MAIL:

Please note that all details and booking forms for training & social events will be sent via email so please provide an email address. If you do not have an email address, please contact the Child Concern Office to make alternative arrangements for notification of our events.

EMPLOYER'S ADDRESS (if differs from correspondence address):

.....POST CODE:

Group Member's details will be held on computer for the use of Child Concern only.

I, the undersigned, hereby make application for Group Membership of CHILD CONCERN for the period of 1 May 2016 to 30 April 2017 and

enclose a cheque for £150 payable to *Child Concern*

I do / do not require a receipt (*please delete as necessary and **include SAE if receipt required***)

If you would like to make future subscription payments via Standing Order, please contact us for a form

Signed: **Date:**

2nd Group Member: Please complete in block capitals

TITLE:FIRST NAME:SURNAME:

PROFESSION/OCCUPATION:

ADDRESS FOR CORRESPONDENCE:

..... POST CODE:

DAYTIME TELEPHONE NO: E-MAIL:

Please note that all details and booking forms for training & social events will be sent via email so please provide an email address. Please contact us if you do not have an email address.

EMPLOYER'S ADDRESS (if differs from correspondence address):

..... POST CODE:

3rd Group Member: Please complete in block capitals

TITLE:FIRST NAME:SURNAME:

PROFESSION/OCCUPATION:

ADDRESS FOR CORRESPONDENCE:

..... POST CODE:

DAYTIME TELEPHONE NO: E-MAIL:

Please note that all details and booking forms for training & social events will be sent via email so please provide an email address. Please contact us if you do not have an email address.

EMPLOYER'S ADDRESS (if differs from correspondence address):

..... POST CODE:

4th Group Member: Please complete in block capitals

TITLE:FIRST NAME:SURNAME:

PROFESSION/OCCUPATION:

ADDRESS FOR CORRESPONDENCE:

..... POST CODE:

DAYTIME TELEPHONE NO: E-MAIL:

Please note that all details and booking forms for training & social events will be sent via email so please provide an email address. Please contact us if you do not have an email address.

EMPLOYER'S ADDRESS (if differs from correspondence address):

..... POST CODE:

5th Group Member: Please complete in block capitals

TITLE:FIRST NAME:SURNAME:

PROFESSION/OCCUPATION:

ADDRESS FOR CORRESPONDENCE:

..... POST CODE:

DAYTIME TELEPHONE NO: E-MAIL:

Please note that all details and booking forms for training & social events will be sent via email so please provide an email address. Please contact us if you do not have an email address.

EMPLOYER'S ADDRESS (if differs from correspondence address):

..... POST CODE:

Please return completed form to:

Return with payment to: Child Concern, PO Box 167, Stockport SK6 9BG

Tel 0161 449 5451 Website www.childconcern.org.uk

Email: office@childconcern.co.uk