**SOUTH WEST OCCUPATIONAL HEALTH NURSES GROUP**

**MEMBERSHIP APPLICATION FORM**

*You can complete this form by hand or electronically (electronic copy preferred!)*

|  |
| --- |
| **PERSONAL DETAILS**  |
| **Full Name:**  |
| **Mailing Address:** |
| **Post Code:**       |
| **Job Title:**      |
| **Employer:** **Preferred contact telephone:**  |
| **Email Address:**  |
| **Any OH areas of special interest:**       |
| [ ]  Please check this box if you **do not wish** your contact details on the list to be circulated to  other members  |
| **MEMBERSHIP INFORMATION**Members will be sent email updates periodically with news of training courses, job vacancies etc. The group website [www.southwestohngroup.co.uk](http://www.southwestohngroup.co.uk) and Facebook page are kept up to date with group and general OH information relevant to members.  |

Please submit the form electronically where possible to: shirley.butler@ghc.nhs.uk

**Office Use**

      Date form received