A picture containing icon

Description automatically generated **Midwife with NMC registration recruited as part of an international recruitment scheme Application form (NQR)**

Your membership will be processed on the 1st month after the receipt of this application form. Complete and return to **Royal College of Midwives 10-18 Union St, London SE1 1SZ or email to** [**membership@rcm.org.uk**](mailto:membership@rcm.org.uk)

**Please note you are joining at a reduced rate for 12 months at which point you will automatically upgrade to full membership.**

*We can only assist with queries that occur during your membership and may be unable to help with anything that predates this or occurred during a break in your membership.*

Please fill in **BLOCK CAPITALS**

|  |  |
| --- | --- |
| Surname: | Title: |
| Forename(s): | Date of Birth: |
| Home Address\*: | |
|  | Postcode: |

**\*Your Home Address will be used by the RCM as your Ballot Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Daytime | Home | | Mobile |
| Telephone: |  |  | |  |
| Email: |  | |  | |

|  |  |
| --- | --- |
| Registration Number of the NMC (PIN Number): |  |
| I confirm that I am in professional practice as a Midwife: | Tick box to confirm: ☐ |

|  |  |  |
| --- | --- | --- |
| I wish to access the RCM Midwives Magazine: | Electronic format  online ☐ | Printed Format ☐ |

**I understand that as a Full Member of the RCM:**

1. I will be working in the UK or in a country accepting UK jurisdiction (for insurance purposes) and my employer provides third party indemnity insurance for the duties I undertake as a midwife or nurse and for which I hold a current registration with the Nursing and Midwifery Council and therefore, I am covered under the RCM policy for medical malpractice insurance subject to the terms and conditions of the policy at the time of notification.

2. I am entitled to professional services including continuing development programmes.

3. I am entitled to representation for Nursing and Midwifery Council proceedings.

4. I will receive employment relations services including representation in the workplace.

5. I am covered under the RCM personal accident insurance scheme if living and working in the UK.

6. I may vote at general meetings and vote for the election of members of the RCM Board.

7. I have a UK bank account

If living abroad, please state country of residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I undertake to comply with the Memorandum of Articles of Association and Rules and Regulations of the Royal College of Midwives (RCM), copies of which are available on the RCM website or on Request. I am aware that the RCM is a company limited by guarantee, that this means that if the company is wound up its members guarantee to contribute to the company's debts up to the amount of £1 as set out in the company's memorandum and that the obligation to contribute extends to 12 months beyond the date when a member ceases to be a member of the company.

|  |  |
| --- | --- |
| Signed: | Date: |

If you have more than one post, please complete details of both. The RCM requires the following data so that we can monitor the implementation of pay modernisation.

Please fill in **BLOCK CAPITALS**

|  |
| --- |
| **Employment Details - Main Job** |
| Name of Employer: |
| Place of Work: |
| Phone Number: |

**20% off your MIDIRS subscription as part of your RCM membership.**

Your MIDIRS subscription gives you access to the world’s largest midwifery specific database Maternity and Infant Care (MIC) database. You will also receive a copy of MIDIRS Midwifery Digest every quarter containing the latest research and articles on midwifery and maternity care. By ticking on the box below, you will be able to access your MIDIRS subscription by creating an account on the MIDIRS website: [www.midirs.org](http://www.midirs.org). Let us support you throughout your midwifery career.

Yes, I would like to subscribe to MIDIRS information resources.

If you have chosen to subscribe to MIDIRS please select your preference for the quarterly MIDIRS digest:

Digital copy online  Hard copy by post

**Keeping in Touch**

To ensure we are sending you what you want to receive in the right way, please review the preferences below.

**If we do not hear back from you we will assume that the current preferences details we hold for you are correct.**

As a member of the RCM you will receive regular updates regarding members’ interests (for example those contained in our e-zine and the Midwives Magazine, as well as communications about our annual conference).

* If you **do not wish** to receive the communications outlined above by **post** please tick here ☐
* If you **do not wish** to receive the communications outlined above by **email** please tick here ☐
* If you **do not wish** to receive the communications outlined above by **text message** please tick here ☐

**RCM Alliance Partners**

The Alliance Partnership scheme develops relations with like-minded organisations with similar values to the RCM and we may therefore put them in touch with you so they can send you details of special RCM member services and resources. These communications will continue to be by **post only** unless you indicate otherwise below.

* If you would **also like** to receive these special Alliance Partner resources and offers by **email** please tick here ☐
* If you **do not** **wish** to receive these exclusive Alliance Partner resources and offers at all (post or email)

please tick here ☐

You can find more information about the Alliance Partners in our online privacy policy at [www.rcm.org.uk/rcm-privacy-policy](http://www.rcm.org.uk/rcm-privacy-policy)

We are required by our Articles to enable you to access the Annual Accounts and Report and other formal information about your membership.  This information will be published on our website [www.rcm.org.uk](http://www.rcm.org.uk) for you to read or download and you will be alerted by email, or in Midwives Magazine, when such information is available.

* If you would prefer to receive a hard copy of formal membership documents by **post** please tick here ☐

Please note that the RCM considers certain communications (e.g. related to membership renewals and membership fees) to be essential to maintaining and continuing your membership and therefore those will continue to be sent to you regardless of the communication preferences you set above. If you do not want to receive any communications from us in relation to membership renewals, please write to us at [**membership@rcm.org.uk**](mailto:membership@rcm.org.uk)

**Data Protection statement** DPpadlock2The information which you have provided will be held by The Royal College of Midwives (“RCM”) using appropriate security measures and will be treated in accordance with the UK Data Protection law (“DPA”). The RCM is the “controller” of your personal data under the DPA. The information will be used by the RCM for the purpose of administering your membership, providing you with information about our range of membership services (including affinity benefits), responding to questions or complaints you may have, and for any other described purpose for which you give us your personal data. We may communicate with you about our membership services in accordance with your communication preferences. Your data may also be shared with our Alliance Partners, who may contact you in accordance with your communication preferences. If you no longer wish to receive such communications you can contact us at any time. We may also share your personal data with third party contractors who provide services to us which involve them processing personal data for us. Unless we have your permission, your personal data will not be disclosed to any other external commercial organisations or third parties who are not contracted to the RCM, unless required or permitted by law.

Under the DPA, you can also request a copy of the personal data that we hold about you at any time by contacting us using the details above. You are also entitled to request your data are rectified (if inaccurate), erased, blocked or restricted from processing, or a copy provided in machine-readable form. Individuals are also entitled to complain about the way their personal data are handled to the supervisory authority, which in the UK is the ICO at [www.ico.org.uk](http://www.ico.org.uk). For a more detailed statement of how the RCM processes personal data, please visit our online privacy policy at [www.rcm.org.uk/rcm-privacy-policy](http://www.rcm.org.uk/rcm-privacy-policy)

**Signature Date**

**Please complete the form below to pay either by Cheque, Credit or Debit card (*annual payments only*) or Direct Debit (*monthly or annually*). Fill in this form and return it if an envelope is provided with your preferred payment option or send to membership@rcm.org.uk.**

Please find enclosed a cheque for £ made payable to the Royal College of Midwives

Please deduct £ from Visa/ MasterCard (delete where applicable)

Card Number

Expiry Date Issue Number or 3 Digit Security Code

Sign or

Print Name Membership Number

Billing Address Postcode

(1st Line)

### The Direct Debit Guarantee

* The Guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
* If there are any changes to the amount, date or frequency of your Direct Debit the RCM will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request the RCM to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
* If an error is made in the payment of your Direct Debit, by the RCM or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
* If you receive a refund you are not entitled to, you must pay it back when the RCM asks you to.
* You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the RCM.

Instruction to your Bank/Building Society to pay Direct Debit

dd_logo_small_447

**Originator’s Identification Number**

**Name(s) of Account Holder(s)**

9

9

1

8

1

5

Reference number **(for office use only)**

**Bank/Building Society account number**

**Branch Sort Code**

**Instruction to your Bank or Building Society**

Please pay the RCM Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee

I understand that this instruction may remain with the RCM and, if so, details will be passed electronically to my Bank or Building Society.

**Name and full postal address of your Bank/Building Society**

To: The Manager Bank/Building Society

Address:

#### Postcode:

**Sign or Print Name:**

##### Date:

