



# Membership Form 2007-2008

## COT Specialist Section

### Children, Young People and Families



Specialist Section  
Membership  
Number \_\_\_\_\_

**Name**

Title (Dr. Ms, Miss, Mrs, Mr) \_\_\_\_\_

Firstname: \_\_\_\_\_

Lastname: \_\_\_\_\_

**Work Address:**

Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Country (If not UK) \_\_\_\_\_

Job Title: \_\_\_\_\_

Grade/Position/Band \_\_\_\_\_

Year Qualified \_\_\_\_\_

**Preferred  
contact  
details to be  
used:**

**Home**

**Work**

(Please tick)

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact telephone Number \_\_\_\_\_

Please note that some correspondence may only be sent by e-mail and it is your responsibility to ensure that your preferred email address is not only correct but also able to receive attachments.

**Please also read and sign the Data Protection Statement overleaf**

**E-Mail Address:** \_\_\_\_\_

**Regional Group:** My preferred regional group is \_\_\_\_\_

Allocation to a Regional Group is based on your work address. If you wish to belong to a different Regional Group, please state which above. Please refer to the COT SS Children Young People and Families website for guidance on the counties covered by each Regional Group.

