

College of Occupational Therapists Specialist Section - Housing

COLLECTIVE MEMBERSHIP FORM 2007 / 2008

(1st October 2007 until 30th September 2008)

COTSS - Housing
127 Botley Road
OXFORD
OX2 0HD

Telephone: 01865 244114

Fax: 01865 793294

Email: COTSSIH@abletypes.co.uk

www.cot.org.uk



College of
Occupational
Therapists

Specialist Section

Housing

Personal Memb No:

Please enter below the contact details for the member who has agreed to receive the Collective's correspondence:

Title		Forename		Surname		Collective Memb No
Address:						
Postcode:			Tel:			
Fax:			Mobile:			
E Mail address:						

BAOT No. This is important for our funding so please include if applicable.

- Areas of work:
- Adult
 Mental Health
 Major adaptation
 Rehousing
 Moving and handling
 Children
 Learning Dis
 Other area
 Other area spec:

To make sure that you get the most from your COTSS-Housing membership, we would like to send you regular updates and useful information via email. If you are happy to receive information from your COTSS-Housing committee by email we need you to complete all of the boxes in this section to enable us to comply with the current regulations. Please tick the box below to confirm that wish to receive this information, provide your ONE preferred email address and indicate whether this is a Home or Work address.

I agree that COTSS-Housing can contact me via email:

E Mail address:

Email address:

Work

Home

Collective details:

- Regional Area to which you wish your Collective to be affiliated:
- (Please tick one only)
- London and South East
 North West
 Scotland
 International
 Midlands
 North East and Yorkshire
 Wales
 South West, Wessex and Oxford
 Northern Ireland

Employer:

- Local Authority
 Social Services
 Housing
 Health

(Please tick all that apply)

- Private
 Other, specified:

Membership category

Collective

DATA PROTECTION ACT:

Tick here if you DO NOT wish your contact details made available to other COTSS-Housing members, which includes NOT being published in the COTSS-Housing Membership Network/Contact List:

If you tick this box you will still be contacted by your Regional and National Committees.

IMPORTANT: Please enter the names and details of your other Collective members, to a maximum of 4 additional colleagues, overleaf.

**COLLEGE OF OCCUPATIONAL THERAPISTS SPECIALIST SECTION IN HOUSING
(C.O.T.S.S.I.H.)**

Please enter below the details of the 4 other members of your Collective:

Memb No	Title	Forename	Surname	BAOT No	Qual
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Areas of Work: Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Major adaptation <input type="checkbox"/> Rehousing <input type="checkbox"/> Moving and handlin <input type="checkbox"/> Children <input type="checkbox"/> Learning Dis <input type="checkbox"/> Other area <input type="checkbox"/> specified: <input style="width:200px;" type="text"/>					

Memb No	Title	Forename	Surname	BAOT No	Qual
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Areas of Work: Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Major adaptation <input type="checkbox"/> Rehousing <input type="checkbox"/> Moving and handlin <input type="checkbox"/> Children <input type="checkbox"/> Learning Dis <input type="checkbox"/> Other area <input type="checkbox"/> specified: <input style="width:200px;" type="text"/>					

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Areas of Work: Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Major adaptation <input type="checkbox"/> Rehousing <input type="checkbox"/> Moving and handlin <input type="checkbox"/> Children <input type="checkbox"/> Learning Dis <input type="checkbox"/> Other area <input type="checkbox"/> specified: <input style="width:200px;" type="text"/>					

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I enclose £ 150.00 membership fee / I require an invoice for £ 150.00 (Delete as applicable)

A RECEIPT WILL BE ISSUED FOR ALL MONIES RECEIVED

Signature: _____ Date: _____

Please make cheques payable to: COTSS-Housing. DO NOT SEND CASH. Return this form with your remittance to:

**COTSS-Housing, 127 Botley Road, Oxford, OX2 0HD
Tel: 01865 244114; Fax: 01865 793294; e-mail: cotssih@abletypes.co.uk**