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Self-Declaration Form

To request change in membership subscription of the Royal College of Anaesthetists.

The College's less than full time (LTFT) discount is valid for one year of membership and a new selfdeclaration form requesting this discount is required each year.

Please complete this form in block capitals using black ink

Membership record details

College Reference Number (CRN):

Title (Dr/Mr/Mrs/Ms etc):	Initials:		Forename (s):	
Surname: GMC Nu		GMC Nui	umber:	
Postcode:		Email:		

Please complete the sections which are relevant to you:

My working hours are 79% or less than:		
I work less than 8 programmed activities (including wider professional activities) per week:		
I work less than 0.80 whole time equivalent:		
I will be going on parental leave from:	Until (approximately):	
My parental leave has been extended from:	Until (approximately):	
I am on long term sick leave from work for 6 months or longer:		
I have been, or will be, on long term sick leave from work for 6 months or longer:		

I can confirm that the details provided at time of application are correct.

Signature:

Date:

Please email this form to: membership@rcoa.ac.uk

Data Protection Statement

The Royal College of Anaesthetists (RCoA) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The RCoA relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about RCoA activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG Tel 020 7092 1700 | membership@rcoa.ac.uk | rcoa.ac.uk/membership