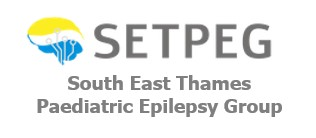
**MEMBERSHIP APPLICATION FORM**

[www.setpeg.net](http://www.setpeg.net)

|  |  |
| --- | --- |
| **Applicant details** | |
| Name: |  |
| Job role: |  |
| Work email address/contact details: |  |
| Name of organization  & site which you work: |  |
| **Application supporting information**  We would be grateful if you could provide a short statement in answer to the following questions: | |
| What is your current position and responsibility for managing children and adolescents with epilepsy? | |
|  | |
| What training / educational activities have you participated in to support this role? | |
|  | |
| In what way, if any, do you think SETPEG could support your current role? | |
|  | |
| **Membership fees and information** | |
| £25.00 joining fee and then annual subscription of £25.00 payable on 1st June. There is a reduced rate of £10.00 joining fee and £10.00 annual subscription for non-Consultant members. | |
| Membership includes two educational meetings a year. | |
| Payment by direct bank transfer is preferred:  **BACS Details:**  **Bank: Lloyds Bank**  **Account number: 17772168**  **Sort code: 30-96-83**  **Account name: Treasurers Account South East Paediatric Epilepsy Group**  **BIC: LOYDGB21219**  **IBAN: GB98LOYD30968317772168** | |
| **Signed: Date:**  **Please email your completed form to:** [**amanda.tomalin@gstt.nhs.uk**](mailto:amanda.tomalin@gstt.nhs.uk) | |
| For office use.  Application approved by: | |