



## ONLINE MEMBERSHIP RENEWAL APPLICATION AND DATA TRANSFER AGREEMENT

RENEWAL DATE: SEPTEMBER  APRIL  (please tick as appropriate)

**Your name:** Click or tap here to enter text.  
to enter text.

**Membership No:** Click or tap here

**Postal Address:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.  
to enter text.

**Contact tel. nos.:** Click or tap here

**Full Members:** Information you provide will be used to publicly list you on the Bowen Association UK and Bowtech websites and for communication purposes.

As a healthcare professional there may be occasions where there is a legal duty to share your information with other professional organisations. (This legal duty will be expressed as a 'legitimate interest' in the revised BAUK constitution.)

We will not share your data to anyone, beyond a legal requirement to do so, unless you give us your express permission by ticking the box below.

- **I consent to my data being released and shared**

Your signature below confirms your understanding and agreement to the above.

### Membership Fees: Please tick appropriate category

Full+ £90 includes a bowen-technique.co.uk email address

Full £85

Associate £75

Retired £50

#### ALL MEMBERS:

I confirm I have paid my membership fee by bank transfer  cheque

#### FULL MEMBERS:

I confirm I have professional indemnity insurance

I confirm I have a current First Aid Certificate

I confirm that my CPD is in line with BAUK policy

(Please note that randomised checks will take place)

## Supplementary Information

(please tick  as appropriate)

*Disclosure of a criminal record is protected by the Rehabilitation of Offenders Act 1974 (and subsequent amendments); therefore you are asked the following question and are responsible for responding in accordance with that Act.*

Have you ever been under investigation or convicted of a criminal offence?

Yes  No  (if yes, you will be asked to supply details)

Have you ever been involved in civil proceedings relating to your professional practice (Bowen or any other)?

Yes  No  (if yes you will be asked to supply details)

Have you ever been subject to any disciplinary proceedings and/or findings against you by any other organisation?

Yes  No  (if yes, you will be asked to supply details).

## Declaration

I will abide by the Data Protection Act 2018. Please tick to signify agreement:

I confirm that the information I have given in this form is correct and that I observe the Bowen Association UK Code of Conduct.

Signature ..... Date .....

### TO PAY YOUR MEMBERSHIP USING ONLINE BANKING OR AT YOUR LOCAL BRANCH

Bank Details to pay in your fee via internet banking or your local branch are:

The Bowen Association UK, HSBC Bank, 11 Hinckley Road, Leicester LE3 0LG

**PLEASE REMEMBER TO INCLUDE A REFERENCE. YOUR NAME AND/OR REFERENCE NUMBER IS FINE**

Sort Code 40-28-24 Account Number 81286447

(Overseas) IBAN: GB32HBUK40282481286447 SWIFT CODE/BIC CODE : HBUKGB4137N

### TO PAY BY CHEQUE:

Please print, complete and post the form together with your cheque to:

Treasurer  
Bowen Association UK  
1 Church Cottages  
West End  
Combe  
Witney  
Oxfordshire  
OX29 8NS