



Membership Application Form

**British Association for
Community Child Health**

*In association with the Royal College
of Paediatrics & Child Health (RCPCH)*

Name:

Appointment:

Hospital/Trust:

Work Address:

Postcode:

Telephone:

Home Address:

Postcode:

Please send mail correspondence to: **Work**
 Home

Email address for electronic correspondence:

I give BACCH permission to hold this information electronically to carry out the aims of the Association.

Please tick here if you do not want to receive any mail from other carefully screened organisations.

Please tick the region in which you work:

East Anglia	<input type="checkbox"/>	Scotland	<input type="checkbox"/>	Wales	<input type="checkbox"/>
Eire	<input type="checkbox"/>	South West	<input type="checkbox"/>	Wessex	<input type="checkbox"/>
Mersey	<input type="checkbox"/>	Thames NE	<input type="checkbox"/>	W Midlands	<input type="checkbox"/>
Northern	<input type="checkbox"/>	Thames NW	<input type="checkbox"/>	Yorkshire	<input type="checkbox"/>
N Ireland	<input type="checkbox"/>	Thames SE	<input type="checkbox"/>		
North West	<input type="checkbox"/>	Thames SW	<input type="checkbox"/>	Overseas	<input type="checkbox"/>
Oxford	<input type="checkbox"/>	Trent	<input type="checkbox"/>		

Membership Category - please tick one:

Ordinary Membership - all medical practitioners
 Affiliate Membership - non medical practitioners
 Trainee Grade - specialist registrar
 Retired Membership
 Overseas Membership - residing in less affluent country

Do you wish to subscribe to the journal *Child: Care, Health and Development* at a reduced rate:

Yes - Online Access Only
 Yes - Print Copy plus Online Access
 No

Do you also wish to join:

British Academy of Childhood Disability
 Child Protection Special Interest Group
 Child Public Health Interest Group
 Scottish Association for Community Child Health

It would benefit the Association if you would indicate below any special interests and/or responsibilities you hold:

Population Paediatrics

Child health surveillance
School health
Immunisation
Health promotion
Community development
Epidemiology
Breast feeding
Nutrition
Community profiling
Information systems

Developmental Paediatrics

Cerebral palsy
Disorders of vision
Disorders of hearing
Disorders of language
Learning difficulty
Young adult disability
Educational medicine
Child development centres
Disability & special needs

Social Paediatrics

Social deprivation
Child protection
Child care law
Adoption & Fostering
Children's Act
Homelessness
Parenting

Behavioural Paediatrics

Behavioural management
Family therapy
Suicide
Anorexia

Management

Clinical Director
Ambulatory paediatrics

Please return this form, along with a completed Direct Debit mandate form, to:

Dr Paula McAlinden
Treasurer, BACCH
5-11 Theobalds Road
London WC1X 8SH

Signature:

Date:

Are you a member of the RCPCH? Yes

If no, we require a nomination from an RCPCH member:

Nominated by:

Signature: