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| Healthcare Construction NetworkMembership Application Form |
| MAIN APPLICANT  |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Company:** |  | **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
| **Webpage** |  | **No. Employees:** |  |
| ABOUT YOUR ORGANISATION (Put X in Box) If no Change from last year put X in box to right |  |
| PRIMARY SERVICE FUNCTION  |
| **Architect:** |  | **Landscape Architect** |  | **Client Advisor:** |  |
| **Project Manager:** |  | **Technical Advisor** |  | **Legal Advisor:** |  |
| **Services Engineer:** |  | **Acoustics Consultant** |  | **BREEAM Assessors** |  |
| **Planning Consultant** |  | **Building Control** |  | **Fire Engineer** |  |
| **Cost Consultant** |  | **FM Consultant** |  | **FFE Consultant:** |  |
| **Clinical Planner** |  | **ICT Provider** |  | **ICT Consultant** |  |
| **Ecologist** |  | **Building Surveyors** |  | **Interior Designer** |  |
| **Main Contractor** |  | **Sub-Contractor** |  | **Supplier** |  |
| **Structural Engineer** |  | **Civil Engineer** |  | **Local Authority** |  |
| **Framework Provider** |  | **Government Body** |  | **Marketing** |  |
| **Hospital** |  | **NHS Trust**  |  | **Primary Care** |  |
| **Acute Care** |  | **Hospice** |  | **Funder** |  |
| **Care Home Provider** |  | **Other Surgery** |  | **Other** |  |
|  |  |  |  |  |  |
| SECTOR SPECIALISM |
| **Hospitals** |  | **A & E** |  | **Maternity & Neo Natal** |  |
| **Cardiac Care** |  | **Surgery** |  | **Radiotherapy** |  |
| **Paediatric** |  | **Inpatients & Out Patients** |  | **Pathology** |  |
| **Private** |  | **Dementia**  |  | **Cancer Care** |  |
| **Pharmacy** |  | **GP & Dental Practices** |  | **Other** |  |
| SECTOR ASPIRATION |
| **Hospitals** |  | **A & E** |  | **Maternity & Neo Natal** |  |
| **Cardiac Care** |  | **Surgery** |  | **Radiotherapy** |  |
| **Paediatric** |  | **Inpatients & Out Patients** |  | **Pathology** |  |
| **Private** |  | **Dementia**  |  | **Cancer Care** |  |
| **Pharmacy** |  | **GP & Dental Practices** |  | **Other** |  |
| PROJECT VALUE COVERAGE |
| **£0-£100k** |  | **£100k-£250k** |  | **£250-£500k** |  |
| **£500k-£1mill** |  | **£1mill-£3.5mill** |  | **£3.5mill-£5mill** |  |
| **£5mill-£10mill** |  | **£10mill-£20mill** |  | **Above £20mill** |  |
| REGIONAL COVERAGE Put 1 for areas you work in Put 2 for interested areas of work |
| **London** |  | **South East** |  | **South West** |  |
| **East of England** |  | **East Midlands** |  | **West Midland** |  |
| **North West** |  | **Yorkshire** |  | **North East** |  |
| **Scotland** |  | **Wales** |  | **Northern Ireland** |  |
| MEMBERS DETAILS – In addition to Name above who would like to be on the mailing list or future events (use separate sheet if required) |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Company:** |  | **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
|  |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Company:** |  | **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
|  |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Company:** |  | **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
|  |
| **BOOKING DETAILS** |
| **MEMBERSHIP TYPES** | **COST PER YEAR** | **CARRIED FORWARD** |
| **Sole Practitioner** | £120 | £  |
| **Join ECN or RCN and receive a £40 discount (discount price shown)** | £200 |  £  |
| **Join ECN and RCN and receive an £80 discount (discount price shown)** | £270 |  £  |
| **Organization** | £3500 |  £  |
| **Join HCN or RCN and receive a £40 discount (discount price shown)** | £600 |  £  |
| **Join HCN and RCN and receive an £80 discount (discount price shown)** | £870 |  £  |
| **Advance Event Purchase** | Advanced purchases are transferable to members who belong to the ECN & RCNT£ |
| **1** | £25 | £ |
| **2** | £50 | £ |
| **3** | £75 | £ |
| **4** | £100 | £ |
| **6 for 5** | £125 | £ |
| **ECN RCN CONFERENCE 22-23 NOV 2016** |   |  |
| **Two Day Ticket** | £325 | £ |
| **Early Bird rate Book by 3 Sept 2016** | £275 | £ |
| **Conference Pass Day 1 22 Nov 2016** | £275 | £ |
| **Conference Pass Day 2 23 Nov 2016** | £275 | £ |
| **Conference Drinks Only 23 Nov 2016** | £25 | £ |
| **Subtotal** | £ |
| **VAT @ 20%** | £ |
| **TOTAL** | **£** |
| PAYMENT: UPON SUCCESSFUL PROCESS OF APPLICATION AN INVOICE WILL BE ISSUED TO THE PRIMARY APPLICANT |
| Signed  | Dated  |