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| Healthcare Construction Network  Membership Application Form 2022-2023 | | | | | | | | | | | | | | | | | | |
| 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** | | | |  |
| **Pediatric** | | |  | | | **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** | | | |  |
| **Pediatric** | | |  | | | **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:** | | |  | | | | | | | |
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| **Town/City:** |  | | | | | | | **County:** | |  | | | | | **Postcode:** | |  | |
| **Phone:** |  | | | **Mobile:** | | |  | **Email:** | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Title:** |  | **First Name:** | | |  | | | **Surname:** | | |  | | | | | | | |
| **Company:** |  | | | | | | | **Job Title:** | | |  | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | |
| **Town/City:** |  | | | | | | | **County:** | |  | | | | | **Postcode:** | |  | |
| **Phone:** |  | | | **Mobile:** | | |  | **Email:** | |  | | | | | | | | |
| **BOOKING DETAILS – Prices as of 1 August 2019** | | | | | | | | | | | | | | | | | | |
| **MEMBERSHIP TYPES** | | | | | | | | | | | | | **COST PER YEAR** | | | **CARRIED FORWARD** | | |
| **Sole Practitioner** | | | | | | | | | | | | | £175 | | | £ | | |
| **Join ECN or RCN and receive a £60 discount (discount price shown)** | | | | | | | | | | | | | £290 | | | £ | | |
| **Join ECN and RCN and receive an £135 discount (discount price shown)** | | | | | | | | | | | | | £390 | | | £ | | |
| **Organization** | | | | | | | | | | | | | £415  0 | | | £ | | |
| **Join ECN or RCN and receive a £90 discount (discount price shown)** | | | | | | | | | | | | | £720 | | | £ | | |
| **Join ECN and RCN and receive an £305 discount (discount price shown)** | | | | | | | | | | | | | £940 | | | £ | | |
| **Advance Event Purchase** | | | | | | | | | | | | | Advanced purchases are transferable to members who also belong to the ECN & RCN  T  £ | | | | | |
| **1** | | | | | | | | | | | | | £40 | | | £ | | |
| **10 for 9** | | | | | | | | | | | | | £360 | | | £ | | |
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| **Subtotal** | | | | | | | | | | | | | | | | £ | | |
| **VAT @ 20%** | | | | | | | | | | | | | | | | £ | | |
| **TOTAL** | | | | | | | | | | | | | | | | **£** | | |
| PAYMENT: UPON SUCCESSFUL PROCESS OF APPLICATION AN INVOICE WILL BE ISSUED TO THE PRIMARY APPLICANT | | | | | | | | | | | | | | | | | | |
| Signed | | | | | | | | | | | | Dated | | | | | | |