

British Association of Christians in Psychology

Member contact details and consent form

If you are a BACIP member but your name did not appear in the 2005 Membership Directory then we have not received your written consent to hold your contact details in our records, nor to publish your name and address in the annual Membership Directory. Please complete the following form so that we can come into line with the 1998 Data Protection Act, and return it to the Administrator: *Mrs Janet Jackson, BACIP Administrator, 4 Meadow Road, Mountsorrel, Leicester, LE12 7HN.*

Contact Details

Title: _____ Name: _____

Mailing address:

_____ Postcode: _____

Address for publication in Membership Directory:

_____ Postcode: _____

Telephone: _____ (day) _____ (eve)

Mobile: _____

Email: _____

Occupational Details

Place of work/study: _____

Occupation / position: _____

Please provide a brief summary of any professional or research interests:

Membership Type

Highest degree obtained (or currently studying for): _____

Year of (expected) graduation: _____ Degree title: _____

Institution granting highest degree: _____

BACIP includes four grades of membership: **Ordinary members** are defined as Christians who are eligible for Graduate Membership of the British Psychological Society (i.e., have completed an undergraduate psychology degree); **Spousal members** are defined as Christians who are married to an ordinary member of BACIP and who otherwise meet the requirements for ordinary membership; **Student members** are defined as Christians who are studying psychology at college or university at either undergraduate or postgraduate level *and* are not in receipt of a salary; **Associate members** are Christians who are members of allied professions or related academic disciplines, or have not completed sufficient psychological studies to satisfy the requirements of the BPS.

Please indicate the grade of membership that currently applies to you:

Ordinary Student
 Spousal Associate

How might you be willing/able to contribute to BACIP? _____

Consent

I give my consent for my details as listed above to be held in written and/or electronic form by BACIP Yes / No

I give consent for my contact and occupational details to be made available to other BACIP members as part of an annually updated written membership list Yes / No

I give consent for my contact and occupational details to be available on a password-protected area of the BACIP website in a searchable membership database available to BACIP members only Yes / No

Please subscribe me to the BACIP email mailing list Yes / No / n.a.

Occasionally BACIP receives requests from individuals or organisations seeking therapy or other forms of psychological advice. Would you be willing to receive such referrals? Yes / No / n.a.

Signed _____ Date _____

Data Protection Act 1998. This information will be stored on computer and may be used to inform you of events relevant to BACIP. It will not be passed to any third party without your consent.