



APPLICATION FOR FULL MEMBERSHIP

Please ensure that you read the important information overleaf

Please complete this form in **BLOCK CAPITALS**. You should also have a subscription rates list and a Direct Debit form which must be completed at the same time.

PREVIOUS NAPO MEMBERSHIP

Have you previously been a member of Napo?

No If yes, when did you leave?

Yes

PERSONAL DETAILS

Title	First Name	Initial
Surname		Date of Birth
Previous Surname		Gender
Home Address		
Postcode		
National Insurance Number		

Please note that all postal correspondence will be sent to your home address (if you pay by Direct Debit this is a legal requirement)

PRIVACY STATEMENT

Napo uses the information in this form to provide you with the benefits of membership, collect membership subscriptions and to make sure that Napo complies with legal obligations in relation to ballots and our internal democracy. For more information on your rights in relation to your data and our privacy policy see the Napo Website www.napo.org.uk/data-protection or email Keith Waldron, the Napo Data Protection Manager at dataprotection@napo.org.uk to request an emailed copy or a paper copy.

CONTACT DETAILS

Please tick your preferred contact number

Work Number <input type="checkbox"/>	Non-Work Email <input type="checkbox"/>
Home Number <input type="checkbox"/>	Work Email <input type="checkbox"/>
Mobile Number <input type="checkbox"/>	

All email correspondence will be sent to your non-work email address unless you specify otherwise by ticking this box

Please specify your preferred method of communication

Email Letter

EMPLOYMENT DETAILS

Who are you employed by?

PS Cafcass PBNI

CRS Agency Other

For CRS, Agency or Other, please specify the name of your employer

If you are employed by an agency then please state the organisation that you are assigned to

I am employed:

Full Time Part Time Job Share

My contract is:

Permanent Temporary

Fixed Agency

Job Grade (select from list overleaf)

Job Title

Workplace Address

Postcode

GROSS ANNUAL SALARY

My contract ends on Pay Band

SIGNED **DATE**

SUBSCRIPTION RATES

Subscription rates are detailed on the accompanying subscription rates list – please refer to this for further details and ensure that you also complete the Direct Debit form.

SUBSCRIPTION ARRANGEMENTS

Full members' subscriptions are based on salary. Some membership categories are entitled to a reduced subscription rate. Full members should pay by Direct Debit.

It is your personal responsibility to ensure that your subscriptions are paid to Napo and are the correct amount. If your salary changes or your circumstance change (e.g.. maternity leave, career break, long term sick, etc.), you will need to ensure that you inform Napo so that your Direct Debit amount can be updated.

If you are employed through an agency, it is your personal responsibility to let us know whenever your employment status changes.

You must enter your gross annual salary so that Napo can ensure that the correct Direct Debit subscription rate is applied to you.

Please attach your completed Direct Debit form to this application form.

DECLARATION

By signing this form you are agreeing to promote & abide by the diversity and anti-discriminatory beliefs and policies of Napo.

Please ensure that you have completed all sections of this form before signing it and take a copy for yourself. Incomplete information may result in your application being delayed or returned.

Once signed, this form together with your completed Direct Debit form, should be scanned or photographed and emailed to
membership@napo.org.uk

BRANCHES

Members employed by the NPS, CRCs, Agencies and other Probation employers shall be members of the branch covering the area in which they are employed. PBNI members shall be members of the Northern Ireland Branch. Cafcass members shall be members of the Family Court Section. These arrangements may be varied by the National Executive Committee in exceptional circumstances, on application.

Occasionally Napo may pass on personal information to approved parties, but only if you consent by ticking the box. This information will be used to assist our representation of members and/or improve our services to you

JOB GRADES

Probation

- Probation Service Officer (PSO)
- Probation Officer (PO)
- Practice Development Officer (PDO)
- Senior Practitioner (SP)
- Senior Probation Officer (SPO)
- Area Manager (AM)
- Assistant Chief Officer (ACO)
- All other grades (APT&C)

Cafcass

- Family Support Worker
- Family Court Advisor
- Children's Guardian
- Service Manager
- Head of Service
- Business Support

HOW TO CONTACT US

Telephone 020 7223 4887

Email membership@napo.org.uk

Website www.napo.org.uk

MONITORING DETAILS

This information will be retained in confidence for statistical purposes and may be used by the union to advise you of any initiatives in relation to diversity.

Race and Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> Asian: Bangladeshi | <input type="checkbox"/> Asian: Indian |
| <input type="checkbox"/> Asian: Pakistani | <input type="checkbox"/> Asian: British |
| <input type="checkbox"/> Asian: Other | |
| <input type="checkbox"/> Black: African | <input type="checkbox"/> Black: Caribbean |
| <input type="checkbox"/> Black: British | <input type="checkbox"/> Black: other |
| <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> White: British | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> White: European | <input type="checkbox"/> White: other |
| <input type="checkbox"/> Other Heritage Background | |
| <input type="checkbox"/> White Gypsy/Irish Traveller | |
| <input type="checkbox"/> Roma Community | |

Equality Act

The Equality Act 2010 protects people with disabilities, including people with long-term health conditions.

Do you consider yourself to have a disability as defined by the Equality Act? Yes No

Gender Identity

Would you consider yourself to be covered by the gender re-assignment definition in the Equality Act 2010? Yes No

Sexuality

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other..... | |
| <input type="checkbox"/> N/A | | |

