

UKONS Membership Renewal / Application Form

Please complete this form and return it with a **cheque payable to UKONS and send to Succinct Communications** at the address below (this form is for individual members only). If you have already completed these details we would be grateful if you would supply them again as we have some new information that we would like to collate. We hope this will give us a more accurate database so that we can target information to you more appropriately. **Individual membership costs £40.00**

Membership runs annually from 1st April to 31st March the following year. For your convenience we strongly recommend that you arrange to pay via **direct debit** (should you require a direct debit form please email ukons@succinctcomms.com). We regret that we do not have the facility to invoice for payment or accept standing orders. The easiest way to join or renew is online at www.ukons.org.

Name	
Job title	
Address for correspondence (please include post code)	
Daytime telephone	
Fax	
E-mail	
Place of work (if different from above)	
No. of years in oncology	
Membership renewal?	Yes / No

A Directory of UKONS members (available ONLY to other members) is planned through the UKONS website to enable UKONS members to contact other members with similar interests.

Do you want the above details included in a Members' Directory? Yes No

Do you give permission to use your name & address on lists for other UKONS approved purposes? Yes No

Can we add your details to our database? Yes No

Are you willing to participate in reviewing and commenting on various consultation documents on behalf of UKONS e.g. NICE appraisals? Yes No

Where do you work?

Chemotherapy Unit Private healthcare

Outpatients Cancer centre

Ward based Community

Is this in a specialist cancer centre? Other (please specify)

Yes No

What is your role?

Staff nurse	<input type="checkbox"/>	Health board lead cancer nurse	<input type="checkbox"/>
Clinical nurse specialist	<input type="checkbox"/>	Research nurse	<input type="checkbox"/>
Network/ Trust lead nurse	<input type="checkbox"/>	Educational nurse	<input type="checkbox"/>
Nurse consultant	<input type="checkbox"/>	Nurse manager	<input type="checkbox"/>
Other clinical role (please specify)	<input type="checkbox"/>	Other management role (please specify).....	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>

Please inform us of your specific area of practice:

.....
.....

Please specify three principle areas of interest/expertise:

- 1)
- 2)
- 3)

Please will you identify which region you work in (tick one).

Scotland	<input type="checkbox"/>	Wales	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>	London	<input type="checkbox"/>
North (North of England, Lancs and South Cumbria, Yorkshire, Humber and Yorkshire Coast)	<input type="checkbox"/>	South West (3 Counties, Avon, Somerset and Wiltshire, Dorset, Peninsula, Bristol)	<input type="checkbox"/>
Central West (Merseyside & Cheshire, Greater Manchester, Pan-Birmingham, Derby, Burton, Arden)	<input type="checkbox"/>	South East (South Essex, Mount Vernon, Thames Valley, Central South Coast, Sussex, Kent & Medway, SWSH)	<input type="checkbox"/>
Central East (North Trent, Mid Trent, LNR, Norfolk and Waveney, West Anglia, Mid Anglia)	<input type="checkbox"/>		

Colleagues who are not qualified nurses, including those from the pharmaceutical industry, can join as **associate members only. Associate members are entitled to all benefits of membership **except** voting rights.*