



Application for Academic Affiliation

Organisation:

Address:

Tel:

Fax:

Email:

On behalf of the above named organisation:

- **I confirm that the organisation is committed to the principles set out in the FDAP Code of Practice** (see under 'standards' at www.fdap.org.uk).
- **I confirm the organisation operates on a not-for-profit basis** [delete if not applicable].
- **I attach a list of staff members who we wish to nominate for full individual membership of FDAP.**

Name:

Position:

Signature:

Date:

[Please return completed application to: FDAP, Box 200, 143 Kingston Road, London, SW191LJ].

Individual member nomination form

Academic affiliates are entitled to nominate three members of staff to become full individual members of FDAP, without additional charge. Please list the staff members who you wish to nominate below, together with a brief summary of their qualifications and experience.

Name: **Position:**

Tel: **e-mail:**

Correspondence address (if different from agency's address):

Qualifications and experience (in brief):

Name: **Position:**

Tel: **e-mail:**

Correspondence address (if different from agency's address):

Qualifications and experience (in brief):

Name: **Position:**

Tel: **e-mail:**

Correspondence address (if different from agency's address):

Qualifications and experience (in brief):

Signature:

Date: