



Application for Provider 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 confirm that there are a total of _____ drug/alcohol practitioners working for the organisation** (defined as anyone who requires specialist substance use related knowledge/skills to perform their role).
- **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, Unit 84, 95 Wilton Rd, London SW1V 1BZ].

Individual member nomination form

Provider affiliate members are entitled to nominate up to six members of staff to become full individual members of FDAP, without additional charge, depending on the agency's size as specified on the previous page (less than 10 practitioners - 1 free full member; 10-24 practitioners - 2 free full members; 25-49 practitioners - 4 free full members; 50+ practitioners - 6 free full members). Please list the names of the staff members who you wish to nominate for full membership 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):

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: