

Senior Fellowship of SEDA: Application Form

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| Name  Email:  Telephone number:  Postal address:  Post code:  Institution (if applicable): |
| SEDA involvement / interests: |
| I would like to participate in peer mentoring, if there are other applicants at an appropriate stage YES/NO (please delete as appropriate) |

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| **Payment Options** | |
| Payment must be in UK pounds sterling and can be made either by: | |
| **❑** | Cheque made payable to ‘SEDA’ and drawn on a UK bank |
| **❑** | Invoice (include an official purchase order:…………………………………….) |
| Invoice Address: | |
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| **❑** | Credit card (a link for payment will be emailed to you) |
| Cardholder’s Name: | |
| Cardholder’s Email Address: | |

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| **Signature** |  |
| **Date** |  |

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| **For office use only** |  |
| Applicant has discussed their prospective application with the Fellowships Co-ordinator | yes/no |
| Applicant has paid one-off registration and assessment fee (£650) | yes/no |
| Applicant is in good standing regarding Senior Fellowship fee (£45) | yes/no |
| Applicant is in good standing regarding Individual Membership of SEDA fee (£96) | yes/no |