



Association of Anaesthetists

Change in Circumstances – application form (confidential)

Please complete the form below and email it back to us detailing your circumstances. Your membership fee will return to the full membership rate in the next membership year unless a new declaration is received.

If you are not in employment due to ill health, or have substantially reduced hours, you can apply for a discount on your membership fee. Your request will be assessed in the strictest confidence on a case by case basis by our panel

Please tick the statement which applies to you:

Long term sickness

Less than full time

Career break

Personal Details

Title

First name

Surname

GMC/IMC number

Association Membership
Number

Contact Address

Telephone Number

E-mail Address

Name of employer. E.g.
Hospital/Trust

Job Title

Please give the duration
of the period of reduced
or nil earnings

From:

To:

Please explain reasons
for your request and
provide some
background, e.g. why
your financial/personal
circumstances affect
your ability to pay for
your membership

To be completed for long term sickness please provide proof of absence

If you are currently
absent from work, when
is it that you will be likely
to return to employment

By ticking this box I am confirming all the information provided in this application form, together with any other information that I may provide during the course of my application, is true and accurate to the best of my knowledge and belief. I understand that my membership fee will return to the full rate in the next membership year unless a new declaration is received.



Association of Anaesthetists

| | | |
|---------------------------|----------------------------|-----|
| Date | | |
| Administration use only | | |
| Date application Received | Date application processed | By: |

Please save a copy and email the form to membership@anaesthetists.org