**Application form to join the International Network for Child and Family Centred Care**

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| Name |  |
| Role |  |
| Title *(e.g., Staff Nurse, Manager, Lecturer, Associate Professor, Professor)* |  |
| Place of work *(e.g., name of hospital, setting, university)* |  |
| Country |  |
| Work email |  |
| \*Professional website address (*e.g. University website)* |  |
| \*ORCiD ID: |  |
| Name of person who will support your application *(e.g., name of member of INCFCC, manager, supervisor)* |  |
| Email of person who will support your application: |  |
| Reason for wanting to join INCFCC *(max 100 words)* |  |
| Specific areas of interest related to INCFCC *(max 100 words)* |  |
| Additional skills to support the INCFCC *(e.g., web design, social media, blogging)* |  |
| I have read the ‘terms of reference/engagement’ that underpin membership of the group and, if I am admitted as a member, I agree to abide by these terms. | Yes I agree (delete at appropriate)  No, I don’t agree (delete at appropriate) |
| I agree that the personal data provided above (name, place of work, country, weblink and ORCID) can be ‘published’ on the INCFCC website. | Yes I agree (delete at appropriate)  No, I don’t agree (delete at appropriate) |
| Signed:  *Please add either a scanned electronic signature then save as a PDF or print, sign and scan and, in both cases upload to the MS Teams folder.* |  |
| Date |  |