



THE SOCIETY FOR \_\_\_\_\_  
**CARDIOLOGICAL SCIENCE & TECHNOLOGY**

Founded 1948

Incorporated 1965

**APPLICATION FOR MEMBERSHIP**

If you have previously been registered with the Society of Cardiological Technicians  
DO NOT complete this form - contact the Hon. Registrar - address on the reverse of this form.

BLOCK LETTERS THROUGHOUT

I, .....  
Mr / Mrs / Ms (Forename(s)) (Surname)

Maiden name .....  
(If applicable)

of (a) .....  
..... Post code .....  
(Permanent Address inc. Post code)

(b) .....  
..... Post code .....  
(Address for correspondence if different from above)

(c) .....  
..... Post code .....  
(Work address)

do hereby make formal application for registration as a member of the Society for Cardiological Science and Technology

Date of Birth ..... E-mail address .....

**QUALIFICATIONS**

Year awarded (most recent first)

SUBJECT GCSE A level Degrees BTEC Nat Cert BTEC HNC NTAE pt 1 NTAE pt 2

**FOR OFFICE USE ONLY**

DATE REGISTERED: .....

REGISTERED No: .....

REGISTRAR .....

## JOB DESCRIPTION

Cardiographer  Trainee Cardiac Physiologist  Cardiac Physiologist  AfC Band ..... Contract hours .....

(Please tick as appropriate)

Techniques performed by applicant:-

Where trained/to be trained in  
Cardiology Science & Technology .....

Who responsible for training .....

Starting date..... Signed ..... (Head of Department)

I, the undersigned, agree that, in the event of my election to membership of the Society for Cardiological Science and Technology, I will be governed by the rules, regulations and Articles of Association of the Society, for the time being in force, and that I will advance the objects of the Society so far as shall be within my power, provided that, whenever I shall signify in writing that I wish to retire from the Society, I shall, after payment of any arrears or subscription that may be due from me at the date of such resignation, be free from this obligation.

As witness my hand this ..... day of ..... 20 .....

Signed .....

---

## NOMINATION

This nomination must be proposed by two persons, each of whom has knowledge of the applicant, and be either a Fellow, Ordinary Member or Associate Member of the Society, or two Physicians, one of whom is in charge of the department in which the applicant is employed.

To the best of my knowledge (Name) .....

was accepted as trained/for training as stated. I consider him/her to be a suitable person for Registration as a member of the Society for Cardiological Science and Technology.

1. NAME (Block letters) .....

Signature and qualification .....

Address .....

SCST Registration No ..... Date .....

2. NAME (Block letters) .....

Signature and qualification .....

Address .....

SCST Registration No ..... Date .....

When completed this form should be returned to:-

EBS (SCST)  
Executive Business Support  
City Wharf  
Davidson Road, Lichfield  
WS14 9DZ

Enclose subscription fee of £40.00.  
Cheques or Postal Orders payable (pounds sterling) to:  
The Society for Cardiological Science & Technology.