

Royal College of Psychiatrists

Mental Health Associate Registration Form



Personal and Professional Details

Forename(s)

Surname

Date of Birth

Sex

Please complete if you self describe:

Email Address

Home Address

Town

County

Postcode

Employment Address

Town

County

Postcode

Mobile No.

Current Employment Position

eg, advanced clinical practitioner, psychologist, non-medical approved clinician

Faculties and Special Interest Groups (SIGs)

Select the Faculties and SIGs you wish to join

Faculties

Academic Psychiatry

Addictions

Child & Adolescent

Eating Disorders

Forensic

General Adult

Intellectual Disability

Liaison Psychiatry

Medical Psychotherapy

Neuropsychiatry

Old Age

Perinatal

Rehabilitation & Social Psychiatry

Special Interest Groups

Adolescent Forensic Psychiatry

Arts & Psychiatry

Digital

Evolutionary Psychiatry

History of Psychiatry

Neurodevelopment Disorder

Occupational Psychiatry

Philosophy & Psychiatry

Private & Independent Practice

Rainbow

Spirituality & Psychiatry

Sports & Exercise Psychiatry

Transcultural

Volunteering & International Psychiatry

Women & Mental Health

Demographic Information

Please complete the drop down below.

Please sign and date the form and return via email to membership@rcpsych.ac.uk along with the CV and Citation forms.

Signature

Date

(Please type if emailing)

Data Protection

The College's data protection policy can be found on the website via this link:
www.rcpsych.ac.uk/about-us/legal/data-protection/members-privacy-notice

Membership Office, Royal College of Psychiatrists, 21 Prescot Street, London, E1 8BB, UK
Tel: +44 (0)20 8618 4100
Email: membership@rcpsych.ac.uk
Website: www.rcpsych.ac.uk

(Last revised September 2022)