

Joining Form

Key Contact

Name:

Job Title / Designation:

Ward / Unit Name:

Address:

Postcode:

Tel:

Email:

Invoice Details

For the attention of:

Job Title / Designation:

Address:

Postcode:

Tel:

Email:

Trust / Organisation:

Ward / Unit Name 1:

Ward / Unit Name 2:

Ward / Unit Name 3:

Subscription

No. of wards/units:

Please note that the subscription fee is **per ward**.

1 Year £2330 + VAT

3 Years £6640 + VAT

5% discount applied to 3-year subscriptions

Total: £

We are unable to raise an invoice without a Purchase Order Number, please provide one for this invoice:

For further information please contact:

QNWA@rcpsych.ac.uk