

Application form

Please complete in BLOCK capitals and in ink. Return your signed membership form and Direct Debit instruction to: Membership Department, ASCL, 130 Regent Road, Leicester LE1 7PG.

About you

Your details

Surname.....

First name

Middle name Title *Mr/Mrs/Miss/Ms/Dr*

Home address.....

.....

.....

..... Postcode

Date of birth

Telephone.....

Home email Preferred?

College email

Your role Please tick level that best describes your role

CEO Principal

Vice Principal Senior Post Holder

Job title.....

Date of taking up position

PPC membership is open to leadership team members and senior leaders with senior whole college responsibility.

1) Are you a member of the senior leadership team? YES NO

NOT a member of the senior leadership team? You may still be eligible for membership.

Please describe your area(s) of whole college responsibility:

.....

.....

.....

Where you work

College details

College name.....

College address.....

.....

.....

..... Postcode.....

Telephone.....

Student age range to

Total number of students.....

College type

General further education Sixth form college Adult education

Tertiary college Specialist college Other

For office use only

MEMBERSHIP NUMBER	REGION	BRANCH	SUBSCRIPTION	CONFIRMATION	
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Further information

How did you hear about PPC?

- | | |
|---|--|
| <input type="radio"/> Information received at college | <input type="radio"/> ASCL publication |
| <input type="radio"/> ASCL training course/conference | <input type="radio"/> Information from local region/branch |
| <input type="radio"/> Colleague referral/recommendation | <input type="radio"/> Magazine advertisement |
| <input type="radio"/> News article | <input type="radio"/> Online advertisement |
| <input type="radio"/> Email from ASCL | <input type="radio"/> Event |
| <input type="radio"/> ASCL website | <input type="radio"/> Other |

Main decision for joining PPC

- | | |
|---|--|
| <input type="radio"/> Appointment to SLT | <input type="radio"/> Spoke to a member of the PPC/ASCL team |
| <input type="radio"/> Information received at college | <input type="radio"/> Dissatisfied with current union |
| <input type="radio"/> Information received at PPC/ASCL exhibition stand | <input type="radio"/> Preview of ASCL publication |
| <input type="radio"/> Colleague referral/recommendation | <input type="radio"/> Membership package offer |
| <input type="radio"/> Letter of invitation to join | <input type="radio"/> Other |
| <input type="radio"/> Experience at a PPC event | |

Keeping you up to date

PPC/ASCL would like your permission to share your contact information and membership details with ASCL Professional Development. This will enable you to book onto events easily and help us to keep you up to date with professional development opportunities. Please indicate if we have your permission to do this.

Yes No

PPC/ASCL will send you information relating to your membership along with weekly news updates during term-time (you can opt-out of this using the link within the email). You can also sign up for our specialist newsletters by logging into your website account.

Please indicate which contact methods you are happy for PPC/ASCL to use:

Email: Yes No

Post: Yes No

Phone: Yes No

Text: Yes No

In addition we would like your permission to send you other information and updates

Please indicate below if we have your permission to do this.

Information and details on local matters and events from your PPC/ASCL Regional Team.

Yes No

Information from your Local Representative

Yes No

Information about PPC/ASCL initiatives, events and other activities.

Yes No

Information on courses, conferences and other CPD activities from ASCL Professional Development.

Yes No

Information from ASCL Premier Partners and other organisations about products and services that you may be interested in. Please note that these messages will be sent by ASCL, we never share your information with third parties.

Yes No

You can view our privacy notice and find out more about how we use the information we collect and hold about you at www.ascl.org.uk/privacypolicy

Membership application

PLEASE REMEMBER TO SIGN THIS FORM BELOW

MEMBERSHIP SCHEDULE

I apply for membership of the Principal's Professional Council (PPC).

From: Month..... Year

SUBSCRIPTION

85% of your subscription is allowable against income tax. Indicate your preferred method of payment (*below*) and complete the Direct Debit instruction overleaf.

Annual Direct Debit Monthly Direct Debit

Signature.....

Date

TERMS AND CONDITIONS

a) I agree to abide by the terms and conditions set out in the ASCL Constitution and the Legal Support Policy (available at www.ascl.org.uk or on request)
 YES NO

b) I agree to have my work address used as my postal address for the purposes of the Trade Union and Labour Relations (Consolidation) Act 1992. YES NO

c) I confirm that my postal address at the time of a ballot will be my work address where I can indicated *YES* in section b above and my home address where indicated *NO* in section b above YES

d) ASCL cannot offer representation or legal support for issues that arose before an individual was accepted as an ASCL member. Please indicate below whether you have an outstanding issue that is likely to require representation or legal support. (*If YES, please give details on a separate sheet of paper*). YES NO

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form and send it to:

Association of School and College Leaders
 130 Regent Road
 Leicester
 LE1 7PG

Service user number

9	9	5	5	8	7
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Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name(s) of account holder(s)

Bank/building society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and full address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Instruction to your bank or building society

Please pay Association of School and College Leaders Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Association of School and College Leaders and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

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Date

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Banks and building societies may not accept Direct Debit instructions for some types of account.



This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Association of School and College Leaders will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request

- Association of School and College Leaders to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Association of School and College Leaders or your bank or building society you are entitled to a full and immediate refund of the

- amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Association of School and College Leaders asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.