

Please note that Professional Membership is linked to the individual. If you are a teacher you may wish to check the benefits and conditions of School Membership before proceeding.

This form can be edited by typing directly into the text fields and then printed, or printed and then filled in by hand. If you edit the form in Adobe Acrobat, you will be able to save the completed form to be sent to us by e-mail, but a digital signature will then be required.

Full Name of Professional/Organisation: \_\_\_\_\_

Application made by: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Professional/organisation address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

Contact Email (for correspondence and updates): \_\_\_\_\_

Professional website: \_\_\_\_\_

I give permission for the professional website contact information to be placed on Potential Plus UK's website under the Directory of Professional Members

Type of profession (please tick as appropriate):

- Educational Psychologist
- Tutor/educator out of school
- Teacher/educator in school
- Other – please give details: \_\_\_\_\_

Please provide a sentence for the website that best describes your service or interest in high learning potential:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Membership application (please tick as appropriate):

- Individual
- Organisation 2-10 employees
- Organisation 11-50 employees
- Organisation 51+ employees

Professional membership is linked to the individual. If you are an organisation, please note here the names of all the employees you would like to have listed on Professional Membership (continue on a separate sheet if needed):

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- I understand that each of the named professionals must view the online training module and sign the declaration of agreement
- I am enclosing the relevant professional documentation for each of the named professionals
- I understand that in order to maintain Professional Membership I need to maintain membership of Potential Plus UK and update Potential Plus UK when any named professionals should be added or removed

What type of Professional Membership would you like?

Professional  Professional Plus

Payment (please tick as appropriate):

**Please note that cheques should be made payable to NAGC, as this is still the registered name of the organisation.**

I enclose a payment of (amount) \_\_\_\_\_

I request an invoice for (amount) \_\_\_\_\_

To be sent to: (please give name and full postal address or email if different from above)

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**If applying on behalf of a professional organisation:**

I confirm that I (name) \_\_\_\_\_ am authorised by the organisation (name)  
\_\_\_\_\_ to make this application on the organisation's behalf.

NAME: \_\_\_\_\_

SIGNATURE:

(If using Adobe Acrobat, a digital signature can be inserted) \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

Send printed application to:

Potential Plus UK, Suite 1.2, Challenge House, Sherwood Drive, Bletchley, Milton Keynes MK3 6DP

If filled in on Adobe Acrobat, save the edited form and e-mail to [amazingchildren@potentialplusuk.org](mailto:amazingchildren@potentialplusuk.org)

POTENTIAL PLUS UK

Suite 1.2, Challenge House, Sherwood Drive, Bletchley, Milton Keynes MK3 6DP

T 01908 646433 F 0870 770 3219 W [www.potentialplusuk.org](http://www.potentialplusuk.org) E [amazingchildren@potentialplusuk.org](mailto:amazingchildren@potentialplusuk.org)

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Potential Plus UK is the operating name of NAGC