



National Coastwatch Institution

MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS

Title: (Mr/Mrs/Ms/Other) First Name:	Last Name:
Preferred Name (for Name Badge/ID Card)	
Gender: (Please tick) Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Are you registered disabled? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: /...../.....
Address: (including postcode)	Please provide a recent passport style photograph with your name pencilled lightly on the back. Please do not use gel pen or biro. <i>Please attach here using non-permanent adhesive</i>
Telephone:	
Mobile:	
Email address:	
Please provide details of someone we can contact in case of accident, illness or emergency:	
Name:	
Contact Number:	
Preferred NCI Station:	

I wish to become a member of NCI at the Station named above and agree to abide by the terms of the NCI Constitution and Manual, to follow any proper instructions given and to act in a responsible and professional manner at all times whilst engaged on NCI business.

I accept that after completion of the probationary period (three months) I must purchase and wear the approved uniform while on NCI business.

I agree that my NCI photoID Card and name badge will remain the property of NCI and I will return them on demand or if I leave NCI. I understand that my information will be kept on NCI's secure National Membership Database and will be used to facilitate management of the Charity in accordance with the requirements of the Charity Commission, the Data Protection Act 1998 and the General Data Protection Regulations 2018. I understand that my picture and/or name may be used in publicity material.

I have advised NCI of any criminal convictions (other than minor driving or parking offences) overleaf and will notify NCI if I am convicted of any offences while I am a member.

I understand that enquiries may be made elsewhere in respect of my suitability for membership.

I agree to notify my Station Manager of any medical condition, either pre-existing or developed subsequent to my joining NCI that might affect my personal safety or the safety of others during the period of my service with NCI and accept that a doctor's letter might be required in some circumstances.

Signed.....Date...../...../.....

Please return your completed, signed application form (2 pages) to your preferred NCI Station for the attention of the Station Manager.

Version 2018/1



Unspent Criminal Offences:

Other Relevant Information about you (please attach separate sheet if necessary):

Your Privacy

What information does NCI gather about me? We collect, store and process the information contained in this application form. We may also collect, store and process training and associated information regarding your membership of NCI. If there is any medical information relevant to your safety when on NCI business, brief details will also be stored and processed, but this will be anonymised. We do not aggregate information from other sources.

How does NCI store and process my information? We store your information either on our secure National Membership Database as part of a secure website or within our own dedicated section of Microsoft Office 365 Online. Both are fully compliant with both the UK Data Protection Act 1998 and the General Data Protection Regulations 2018. To comply with our legal and operational responsibilities your information will be stored for up to ten years after you leave NCI.

Does NCI share my information with anyone? NCI will never sell or rent your information to any third party for sales or marketing purposes. Where it is necessary to share information with a third party, eg for the manufacture of name badges, we will always take steps to ensure that their use of your data is purely for the contracted purpose, and that they too are fully compliant with all relevant legislation. Outside of operational necessity, we will only otherwise share your information where there is a legal obligation to do so.

I confirm I have read and understand the information in this application form, and that all the information I have given is correct to the best of my knowledge.

Signed.....Date...../...../.....