

# Membership application





# Membership application

**Please complete in BLOCK capitals and in ink**. Return your signed membership form and Direct Debit instruction to: Membership Department, School Leaders Scotland, Clyde Offices, 2nd Floor, 48 West George Street, Glasgow G2 1BP.

# About you

Surname
First name
Middle name
Home address
Postcode
Date of birth
Telephone
Home email
School/College email

### Your role Please tick level that best describes your role

⊖ Head Teacher

O Business Manager/Bursar

○ Depute

O Principal Teacher/Faculty Head

Job title.....

Date of taking up position .....

SLS membership is open to leadership team members and senior leaders with senior whole school/college responsibility.

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

**NOT** a member of the senior leadership team? You may still be eligible for membership. **Please describe your area(s) of whole school/college responsibility**:

# Where you work

School/College details		
Organisation name		
Organisation address		
Postcode		
Telephone		
Local Authority		
Pupil/student age rangetoto		
Total number of pupils	⊃Mixed ⊖ Boys ⊖(	Girls

### School/College type

◯ Local Authority	○4 Year Secondary
⊖ 6 Year Secondary	O Primary Dept
$\bigcirc$ Mainstream with some spcieal needs	○ Entirely Special Needs
○ Independent	⊖ Other

### Independent schools only

Is the school registered with the Scottish Government? For example entered on the register of independent schools and a member of SCIS

○ Yes ○ No

**Please note**: You may be asked for a copy of your contract of service for verification before membership can be confirmed.



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# Further information

#### How did you hear about SLS? Main decision for joining SLS? ○ Information received at school/college ○ Information from local ○ Appointment to SLT Experience at an SLS event SLS region/branch ○ SLS training course/conference O Information received at school/college ○ Spoke to a member of the SLS team O Magazine advertisement ○ Colleague referral/recommendation ○ Information received at SLS O Dissatisfaction with current union Online advertisement ○ News article exhibition stand OPreview of SLS publication OEvent ○ Email from SLS ○ Colleague referral/recommendation O Membership package offer ○ 0 ther ..... ○ SLS website O Letter of invitation to join Other..... ○ SLS publication

## Keeping you up to date

SLS will send you information relating to your membership along with email udaptes during term-time (you can opt-out of this using the link within the email).

Please indicate which contact methods you are happy for SLS to use:

Email: Yes O No O Yes  $\bigcirc$  No  $\bigcirc$ Post: Phone: Yes O No O Yes  $\bigcirc$  No  $\bigcirc$ Text:

Information on courses, conferences and other CPD activities from SLS. Yes O No O

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  $\bigcirc$  No  $\bigcirc$ 

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

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PLEASE REMEMBER TO SIGN THIS FORM BELOW

## **MEMBERSHIP SCHEDULE**

I apply for membership of the School Leaders Scotland (SLS) and in doing so understand that I will also become a member of the Association of School and College Leaders (ASCL).

## **SUBSCRIPTION**

Your subscription is allowable against income tax. Indicate your preferred method of payment (below) and complete the Direct Debit instruction overleaf. O Annual Direct Debit O Monthly Direct Debit O Annual Invoice

Signature.....

Date .....

## **TERMS AND CONDITIONS**

a) I agree to abide by the terms and conditions set out in the SLS Constitution (available at www.sls-scotland.org.uk or on request) O YES O NO

b) I agree to abide by the terms and conditions set out in the ASCL Constitution and the ASCL Legal Support Policy (available at www.ascl.org.uk or on request) OYES ONO

c) 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. VES ONO

d) I confirm that my postal address at the time of a ballot will be my work address where I have indicated YES in section c above and my home address where indicated *NO* in section c above  $\bigcirc$  YES

e) SLS cannot offer representation or legal support for issues that arose before an individual was accepted as an SLS/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).  $\bigcirc$  YES  $\bigcirc$  NO





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

Please fill in the whole form and ser	Servio	Service user number								
School Leaders Scotland Clyde Offices 2nd Floor 48 West George Street	lyde Offices nd Floor				9 0 6 4 9 Reference					
Glasgow G2 1BP										
Name(s) of account holder(s)										
		Instruction to your bank or building society								
							_		ety	
Bank/building society account num	ber	Debi	Please pay School Leaders Scotland Direct Debits from the account detailed in this							
		assur	instruction subject to the safeguards assured by the Direct Debit Guarantee.							
Branch sort code I understand that this Instruction may remain v School Leaders Scotland and, if so, details will b					ill be					
		passe	passed electronically to my Bank/Building Society.							
Name and full address of your bank	or building society	Signa	ture(s)							
Name and full address of your bank To: The Manager	Bank/building society									
To. The Manager	Bank building society									
Address		_								
	Postcode	Date								

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

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frequency of your Direct Debit, School Leaders Scotland will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request School Leaders Scotland 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 School Leaders Scotland 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 School Leaders Scotland 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.