

Professional Status Form

2026 For Proof of Allied Health Professional Status



Joining Member Information

Name of Joining Member

Email of Joining Member

Place of Work (Department and Institution / Hospital)

Joining Member Professional Group

Dietitian / Nutritionist
Laboratory Technician
Nurse
Occupational Therapist
Pharmacist
PhD Student
Other
please state in box below

Physiotherapist
Physiologist
Psychologist
Research Coordinator
Social Worker
Early Career Professional

- Medically qualified doctor still in training, not yet obtained a full specialist or consultant qualification
- Post-Doc in the first three years after PhD

Signature of Joining Member

PoPS Date

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Please complete ONE of the following Proofs of Professional Status (only)

Professional Register Details

PIN / Registration Number

Name of Register

Link to Register

OR

Head of Department: Name, Department and Signature

HOD Name

Department

HOD Signature

The ECFS takes your privacy seriously. The ECFS Data Privacy Policy can be found at www.ecfs.eu/privacy-policy. Your data will be stored and used in accordance with this Policy. If you wish to withdraw consent at a later stage, please update your profile or email: privacy@ecfs.eu

Please send completed form to: membership@ecfs.eu