

# Professional Status Form

2026 For Proof of Allied Health Professional Status



If you have previously sent in **Proof of Professional Status**, you do not need to do so again, unless your circumstances have changed.

## 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

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
- PhD Student
- 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 (For Allied Health Professionals only)

PIN / Registration No

Name of Register

Link to Register

## Head of Department: Name, Department and Signature

HOD Name

OR

Department

HOD Signature

The ECFS takes your privacy seriously. The ECFS Data Privacy Policy can be found at [www.ecfs.eu/privacy-policy](http://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](mailto:privacy@ecfs.eu)

Please send completed form to: [membership@ecfs.eu](mailto:membership@ecfs.eu)