



Leading the Campaign for Justice on behalf of Carers, Teachers & other Professionals Falsely Accused of Abuse

APPLICATION FOR FULL MEMBERSHIP

Title:	First Name:	Last Name:
Address 1		Post Code:
Address 2		Tel:
Address 3		Email :

Are you ? <i>* Delete as appropriate</i>	<ul style="list-style-type: none"> the accused person ?* their partner or spouse ?* a work colleague?* presently working?* retired?* resigned?* suspended?* dismissed?* 	<ul style="list-style-type: none"> is your work mainly with children?* adults?* both?* a relative or friend of the accused?* other (specify):
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Have you been listed by	<ul style="list-style-type: none"> PoCA/POVA* ISA* Care Standards Tribunal* 	<ul style="list-style-type: none"> General Teaching Council/Teaching Agency* A Healthcare body (specify)* Other listing body (specify)*
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Occupational Task	<ul style="list-style-type: none"> carer* teacher* social worker* church/faith worker* or volunteer* child minder* foster carer* 	<ul style="list-style-type: none"> health care professional* youth* community* sports worker* or volunteer other: ...
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Declarations

Only answer if you have been accused	The allegation that has been made against me is being dealt with by ...			
	Police <input type="checkbox"/>	Social Services <input type="checkbox"/>	Employer <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
I declare that I am innocent of the abuse allegations that have been made against me and that they are false, and that I have never downloaded child pornography.				

Applies to all applicants	I agree to my contact details being stored on an electronic database	
	I accept that membership of FACT may be refused, revoked or suspended if I bring the name of FACT into disrepute	
	Signed:	Date: <input type="checkbox"/> Please tick box if you need immediate advice or support

Subscriptions
Serving and former prisoners who meet our admission criteria are entitled to free membership

Membership is £20 per year or £30 for Joint membership Payable to F.A.C.T.	I enclose £ _____ for 12 months membership subscription for me* and for my partner*
	Partner's Full Name (if joint Membership):*
	I enclose £ _____ as a voluntary contribution in support of the ongoing work of FACT* <i>Please make cheques payable to F.A.C.T.</i>

Please return your completed application to: The Membership Secretary, FACT, PO Box 90, Tordouley, Oxford OX14 9BA