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| **Associate Membership - SU Application Form** |

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| The purpose of appointing an Associate Member is to recruit an external individual with specialist skills/expertise that are required and cannot be recruited from within the student community.  Any Student Group may appoint for the academic year an Associate Member to their group or remove them subject to the approval of an SU Officer.  Approval will be conditional on the application demonstrating that the Associate Member:   * will bring specialist skills/expertise to the Student Group that are required and cannot be recruited from within the student community; * has no prior history of a disciplinary with either the University or The SU.   An Associate Member will not be eligible to:   * be paid for any services they provide to the Student Group; * be elected or appointed to a student group committee; * vote in any referendum or SU vote; * compete in any competition representing the University or The SU. * authorisation with a student group.   An Associate Member will not be required to pay group membership.  A Student Group also cannot receive funds in exchange for an associate membership.    Associate members should be made aware that they are covered under The SU public liability insurance provided that this form has been completed and they have received written authorisation of its approval from an SU Officer. |

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| **Associate Member Details** | |
| Associate Member name: |  |
| Date of birth: |  |
| Email address: |  |
| Telephone number: |  |
| Student Group: |  |

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| **Does the Associate Member have any prior history of a disciplinary with either the University or The SU?** | **Yes/No** |
| The SU |  |
| The University |  |

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| **Please tick which sporting, recreational and social activities they will be permitted to engage in with the student group?** | |
| Practice, training and rehearsals |  |
| Attending group run events |  |
| Attending group run socials |  |
| Attending UK and overseas trips |  |
| None |  |

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| **What specialist skills/expertise will the Associate Member bring that cannot be recruited from within the student community?** *(Max of 250 words)* |
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| **GDPR**  The above information will be kept and used by The SU to:   * check whether a person is eligible to be an associate member; * contact them in the event that The SU needs to speak to them.   This personal data will be stored securely and disposed of a year after the person ceases being an associate member. |

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| **Associate member declaration** *(This declaration must be signed by the Associate Member)*  I declare that:   * I have given consent for the information supplied about me in this application to be shared with The SU and that this is correct; * I will abide with all SU policies and the terms set out above within this form when acting in my role as an Associate Member; * I accept that The SU may withdraw my Associate Membership at any time if deemed necessary and appropriate.   Signed:  Date: |

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| **Committee member declaration** *(This declaration must be signed by the Chair)*  I declare that:   * the committee have agreed to the appointment of this associate member as they have agreed that they will bring skills and expertise that the student group currently does not have. * the committee accept that The SU may withdraw this Associate Membership at any time if deemed necessary and appropriate.   Signed:  Date: |

Please send this completed form to the relevant SU Officer who will review the application with staff before writing back to confirm whether the application has been successful.