

**NORTHUMBRIA POLICE FEDERATION  
THE NORTHERN POLICE HEALTHCARE SCHEME  
MEMBERSHIP APPLICATION FORM – STUDENT OFFICERS**

Employee (Subscriber's) details (please complete using BLOCK CAPITALS)		
Marital Status	Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
Subscriber's Surname (Mr/Mrs/Ms/Miss)		
Full Forenames		NI No.
Home Address		
Post Code	D.O.B.	Tel. No. (Work) Tel. No. (Home) Tel. No. (M)
Force: <b>Northumbria</b>	Rank & No.	Probationer
Serving <input type="checkbox"/>	Retired <input type="checkbox"/>	Date Joined Force:
	Yes/No	

Email Address (W) ..... Email Address (H) .....

**YOUR MEMBERSHIP IS FREE FOR THE FIRST 6 MONTHS OF YOUR PROBATION**  
**If you wish to include your Spouse and/or Dependants to this cover (see subscriptions payable attached), please complete the following:-**

Surname	Forenames	Relationship to Subscriber	Date of Birth

Name and Address of General Practitioner .....

.....

Membership Cover (Please tick appropriate box)

Member Only     Member & Spouse/ Partner     Full Family     Member & Child/ Children

Signed ..... Name (Please Print) .....

(Serving) Payroll No. .... Date .....

I agree to pay the appropriate amount deducted from my salary. I have read the rules and agree to be bound by them. I am fully aware that benefit is not payable during the first 24 months of membership for any treatment where medical advice was sought during the 24 months prior to joining the scheme.

Please return to: Pauline Chapman, Administrator, Northumbria Police Federation, 11-14 Apex Business Village, Annitsford, Cramlington, Northumberland NE23 7BF

**DATA PROTECTION DISCLAIMER STATEMENT**

Northumbria Police Federation take the security and privacy of your personal data very seriously. To read our full privacy/fair use statement, please visit our website [www.norpolfed.org.uk](http://www.norpolfed.org.uk). The statement can be accessed at the bottom of the homepage.