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Employer’s Declaration for SCSI Associate Member Application

## Employer’s Declaration

This section should be completed by the head of department in which the candidate is employed. In the case of candidates employed in private practice, the signature should be that of a partner/principal. (If self-employed, candidate should sign the online form):

Applicant’s Name:

Employer’s Name (Including qualifications):

Employer’s SCSI Membership Number (where relevant):

Employer’s Job Title:

Employer’s Signature: