



WJ HEALTHCARE

MEMBERSHIP AGREEMENT

7 The Precinct, Cheadle Hulme, Manchester, SK8 5BB

Tel: 0333 772 3242



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I confirm that I have been given full access to the WJ Healthcare (WJH) resources and can confirm, specifically, that I have read and understood the members compendium, referencing its role as a Designated Body (DB). In particular, I am aware of the following:

WITH REGARDS TO THE WJH CLINICAL GOVERNANCE FRAMEWORK:

- The WJH description of the DB as a members organisation.
- The WJH Team Structure and their roles within the DB.
- The WJH Equality and Diversity policies.
- The WJH Membership Requirements.
- The WJH Codes of Conduct.
- Complaints regarding WJH personnel.
- The WJH Data Security policy
- The WJH Appraisal process and compliance expectations of Members
- The WJH Revalidation and compliance expectations of Members
- The WJH Education and Training expectations of Members
- Duty of Ethics and Candour
- The WJH Resignation of membership process

WITH REGARDS TO THE WJH FEE STRUCTURE:

- I confirm that the fee structure has been fully explained to me.
- I agree to make the payments by standing order on, or before the due date
- I agree that any late payments might result in penalty interest.

This agreement is entered into on this Day of Year.....

between WJ Healthcare Ltd. and

Signed