**Developmental & Complex Trauma Centre**

Membership Application Form

The Developmental and Complex Trauma Centre aims to bring at healthcare professionals, academics and those with lived experience who are involved in the development or delivery of care and treatment of people with Trauma needs. To apply for FREE membership please complete this form and send it to [CDCT@stah.org](mailto:CDCT@stah.org)

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| --- | --- |
| **Name** |  |
| **Current position** |  |
| **Employer address** |  |
| **Email address** |  |
| **Membership type** | □ Individual □ Organisation □ Both |

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| --- | --- |
| To help us appropriately respond to your membership needs please outline your  Areas of interest and the information you are happy for us to alert you to on the email address provided. | |
| **Please tick all that apply:**  **Specialist areas of interest**  □ Complex PTSD  □ Developmental trauma  □ Moral injury  □ Neurological aspects of trauma  □ Treatments  □ Physical healthcare needs and trauma  □ Therapeutic milieu  □ Staff Development & training  □ Family work | **Specialist populations interest**  □ Adolescents  □ Older adults  □ Veterans & Law enforcement  □ People with developmental or intellectual disabilities  □ LGBTQ+  □ Forensic and prison populations  **Information you are happy for us to alert you to**  □ Networking opportunities with other clinicians  □ Collaboration opportunities for research  □ Attending CPD events hosted by the CDCT  □ Invitations to participate in research activities  □ Influencing the healthcare agenda and policy review |
| □ Other: ………………………………………………………………………………………………………………………………………......  ………………………………………………………………………………………………………………………………………………………….. | |
| **Signed:**  **Dated:** |  |

By signing and dating this agreement, you are agreeing to the Centre for Developmental and Complex Trauma sending further information described above. If you do not wish to receive any further information please email CDCT@stah.org