

Administration	MRep	Advocate	Affiliate
Date received		Authorised	Acknowledged

## Scottish Tobacco Control Alliance membership application

The STCA is an alliance of organisations. Member organisations appoint a member representative (Mrep) to represent them and to channel information back to colleagues within the organisation. Large organisations are able to secure membership for departments and geographical areas.

If you have the agreement of your agency, organisation, project, charity, hospital, school, university, local authority, health board or department to represent them please fill in Section A. You will have voting rights in selecting the Coordinating Group members who oversee STCA activity.

If you would like to register as an individual STCA Advocate start at section B.

<b>Section A</b>	<b>Who do you represent?</b>		
<b>ORGANISATION</b>			
<b>Sub-division you will represent if different</b>			
<b>Section B</b>	<b>How do we contact you?</b>		
<b>The Health Board area in which your work is based</b>	(or underline <b>national</b> )		
<b>Your name (in full)</b>			
<b>Title (Mr/Ms/Dr/Prof)</b>			
<b>Designation (job title)</b>			
<b>Work address Line 1</b>			
<b>Line 2</b>			
<b>Line 3</b>			
<b>Email</b>			
<b>Town</b>			
<b>Post Code</b>			
<b>Telephone (Direct)</b>			
Telephone (Alternative)			
<b>STCA group or groups you wish to join: underline or highlight</b>	<b>TCIG</b>	<b>Youth Forum</b>	<b>Cessation-promoting Healthcare Group</b>
			<b>Research</b>

<b>Section C</b>	<b>What do you do?</b>		
<b>Indicate the grouping that most closely identifies your organisation</b>	<b>Network or Alliance</b>	<b>NHS Other</b>	<b>Research and Academic</b>
	<b>NHS Cessation</b>	<b>Local Authority Enforcement</b>	<b>Local Drug Action Group</b>
	<b>NHS Clinical Practice</b>	<b>Health Charity</b>	<b>Community Project</b>
	<b>NHS Health Promotion</b>	<b>Professional Body</b>	
	<b>NHS General Practice</b>	<b>Local Authority Education</b>	<b>Other (please specify)</b>
<b>Section D</b>	<b>How can you help your alliance?</b>		
<p><b>Can your organisation provide help in kind such as use of meeting rooms, provision of equipment, staff involvement in event planning or information provision? Please give brief details below.</b></p>			
<p><b>As an individual are you willing to contribute to event planning or give occasional updates on your work? With reference to the categories below briefly describe your work and how you think you may be able to contribute. Sharing experience is valued.</b></p> <p><b>Policy, regulation and enforcement, social research, medical research, clinical practice, education and training, smoking cessation, management and coordination, community involvement, social marketing.</b></p>			
<p> </p>			

## Declaration of any involvement with the tobacco industry

Membership in the STCA is open to organisations and people concerned with the impact of tobacco on the people of Scotland. Tobacco companies and pro-tobacco organisations are not allowed to be members of the STCA.

However, some organisations with connections to tobacco companies for the purposes of monitoring the tobacco industry will be eligible for STCA membership. For example, some tobacco policy organisations own one share in tobacco companies in order to receive the annual report and attend annual general meetings. These organisations would still be eligible for STCA membership.

Please declare whether you or your organisation has any connections to the tobacco industry. The STCA Co-ordinator, and in some cases the STCA Coordinating Group, will review your statements.

**Please complete the following:**

I, \_\_\_\_\_ and/or the organisation(s) which I represent:

\_\_\_\_\_  
\_\_\_\_\_

**have the following connection(s) with the tobacco industry or its representatives: (if no connection, state 'none')**

\_\_\_\_\_  
\_\_\_\_\_

**If at any time I or the organisation(s) I represent gain any connections to the tobacco industry or its representatives, I will notify the STCA Coordinator.**

**Name (Print)**

\_\_\_\_\_

**Organisation(s)**

\_\_\_\_\_

**Signed**

\_\_\_\_\_ **Date** \_\_\_\_\_

Please return a copy of this form to the STCA Office, ASH Scotland, 8 Frederick Street, Edinburgh, EH2 2HB.