

**THE NATIONAL POLICE HEALTHCARE SCHEME  
IN ASSOCIATION WITH CAMBRIDGESHIRE, POLICE FEDERATION MEMBERSHIP  
STUDENT OFFICER APPLICATION FORM**

Employee (Subscriber's) details (please complete using BLOCK CAPITALS and tick appropriate boxes)		
Marital Status:	Sex: M	<input type="checkbox"/> <input type="checkbox"/>
Subscriber's Surname (Mr/Mrs/Ms/Miss)		
Full Forenames		
Home Address		
Post Code	D.O.B.	
Tel. No. (Work)	(Home)	(Mobile)
Email Address (Work)	(Home)	
Rank & Collar No.	Student Officer Yes/No	Date Joined Force:

**YOUR MEMBERSHIP IS FREE FOR THE FIRST 12 MONTHS OF YOUR PROBATION**

**If you wish to include your Spouse and/or Dependent Children under 21 years to this cover their subscriptions will be deducted with immediate effect (see subscriptions payable attached), please complete the following:- PLEASE INDICATE BELOW IF YOUR SPOUSE/PARTNER IS A SERVING OFFICER**

Surname	Forenames	Relationship to Subscriber	Date of Birth

Name and Address of General Practitioner .....

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**Membership Cover (Please tick appropriate box)**

Member Only     Member & Spouse/ Partner     Full Family     One Parent Family

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 pre-existing conditions.

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

Payroll No. .... Date .....

Please return to: Healthcare Administrator, Northumbria Police Federation, 11-14 Apex Business Village, Annitsford, Cramlington, Northumberland NE23 7BF, Email [Healthcare@npf.polfed.org](mailto:Healthcare@npf.polfed.org)

**DATA PROTECTION DISCLAIMER STATEMENT**

The Northern Police Healthcare Scheme 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.