



## PEEP Practitioner Affiliation Form

### Who is PEEP Affiliation for?

Professionals who:

- Support the work of PEEP Practitioners (e.g. through line management, or visiting PEEP Groups as a speech and language therapist, librarian, health visitor, etc)
- Would find it useful to access the PEEP Practitioner Area of the PEEP website
- Don't directly facilitate a PEEP group/home visits (so PEEP Practitioner Registration wouldn't be appropriate)

By returning this form to us, you will be requesting access to the Practitioner Area of the website which is only available to Registered Practitioners and Affiliated Members. We will get in touch with you once we have created a username and password profile for you, so please be patient and give us a couple of days to enter your details.

The information you provide below will not be passed onto anyone else.

[Fields with an \* are compulsory]

Name*	_____
Position or job title*	_____
Organisation name*	_____
Building Name	_____
Street*	_____
Town/District	_____
City / County*	_____
Post Code*	_____
Region [eg North East/South West]	_____
Telephone*	_____
Email Address*	_____ _____

**Please return this form to The PEEP Cabins, PO Box 1404, Oxford, OX4 6XW**

Tel: 01865 397979 Fax: 01865 771818 [www.peep.org.uk](http://www.peep.org.uk) E-mail: [info@peep.org.uk](mailto:info@peep.org.uk)