



## ROYAL VICTORIA INFIRMARY NURSES' LEAGUE

### Notification of Change of Contact Details

Name: \_\_\_\_\_ Nee: (if applicable) \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### TRAINING DATES OR RVI EMPLOYMENT IF TRAINED ELSEWHERE

PTS: \_\_\_\_\_ Qualified: \_\_\_\_\_

**OR**

Commenced RVI Service: \_\_\_\_\_ Until: \_\_\_\_\_

RETURN THE COMPLETED FORM TO THE MEMBERSHIP SECRETARY:  
MRS JOAN WATSON, HOLMWOOD, WOODLANDS PARK, NORTH GOSFORTH,  
NEWCASTLE UPON TYNE, NE13 6PG