

**Permission Slip** to release information on  
**Nutrition Society website**  
**REGISTER OF NUTRITIONISTS**



I agree to the details as listed below including university qualifications being released in order to promote the Register of Nutritionists or to assist a person contacting the registrar for information (please only fill in those details you are happy to have released).

<b>Applicant Details</b>	<i>Only include the contact details that you would like on the website</i>
Name	
Qualifications	
Address	
Phone	
Email Website	
Select one	<input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Plant
Select one or more (Registrar to complete)	<input type="checkbox"/> Education <input type="checkbox"/> Practice <input type="checkbox"/> Scientific Research (Industrial) <input type="checkbox"/> Scientific Research (Academic) <input type="checkbox"/> Public Health <input type="checkbox"/> Food Industry <input type="checkbox"/> Food service <input type="checkbox"/> Nutrition Communication <input type="checkbox"/> Other
Areas of interest Max 15 words	

**Signed**  
**Date**