

## Application form · student SUL

### Personal details

Civil Registration Number	Address (or c/o)
	House no. Floor
First name	Zip code / city
Surname	Private telephone
	E-mail

### Details regarding current course

☐ Student    ☐ H.F. (Higher Preparatory Examination Course)  
☐ H.H. (Upper Secondary Commercial Diploma)    ☐ Exemption

Year: \_\_\_\_\_ I expect to complete my studies: (date) /    20  
 Member of other professional organisation, if yes, which: \_\_\_\_\_

Name of Bachelor's/Master's degree \_\_\_\_\_  
 University and date of enrolment \_\_\_\_\_

### Membership of the SUL GROUP according to special agreement between DM and SUL

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|---|---|
| <ul style="list-style-type: none"> <li>• Guidance on labour market regulations such as the Danish Holidays Act and the Danish Employers' and Salaried Employees' Act</li> <li>• Advice on the conditions in your future labour market for Masters</li> <li>• Favourable student insurance and other membership offers</li> <li>• Advice on pay and conditions of employment</li> <li>• Legal assistance with regard to cases within the fields of counselling and teaching</li> </ul> | <p>Membership of the SUL Group requires that you</p> <ul style="list-style-type: none"> <li>• are employed as a student counsellor, student worker (approved by SUL) or student instructor</li> <li>• hold a valid annual membership card to one of the educational institutions, if Masters can become a member of DM/SUL (copy of annual membership card attached with this form)</li> </ul> <p><input type="checkbox"/> I would like to join the SUL Group</p> |
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*Magazines and newsletters are provided as part of your membership privileges. They contain advice and news from DM, exclusive offers for members, and discounts from our business partners. You can unsubscribe from these publications at all times.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

☐ I accept that DM and SUL will exchange membership details as part of my membership.