

INDIVIDUAL ROUTE TO REGISTRATION APPLICATION FORM

Personal details (Please print clearly)	
Title: (Mr/Miss/Ms/Mrs)	Full Name:
Home Address (including postcode):	
Date of birth:	Nationality:
Phone No:	Mobile No:
Email:	Web Address:

Homeopathic Training	
Qualification in homeopathy:	
Date of award:	
Details of institution which awarded the qualification:	
Name:	
Address (including postcode)	
Telephone No:	Email:
Please enclose copies of any qualifications you hold in homeopathy. If you do not have a formal qualification in homeopathy please provide as much information as possible about the course(s) of study you have undertaken.	
If the course has been recognised, validated or accredited by any external body, please give the details of that body below:	
Name:	
Address:	
Telephone No:	Email:

Course Details			
Length of course (years):		Full-time / Part-time	
Teaching time: (approximate hours)		Clinical time: (approximate hours)	
<p>We would like to know about the homeopathy course you followed. If possible please enclose a copy of the syllabus for your course. If unavailable please supply a prospectus or website link and details about the content of your course in terms of:</p> <ol style="list-style-type: none"> 1. Syllabus 2. Assessment Methods 3. Clinical Education <p>You may wish to refer to our Course Curriculum Framework to help you present this information. This is available on our website under Education/Course Recognition</p>			

Professional Registers			
Have you attained membership of a professional register?			YES / NO
If yes, please give details of the register:			
Name:			
Address (including postcode)			
Telephone No:		Email:	
Date of registration:			
Please list any requirements (in addition to your homeopathy qualification) for joining the professional register referred to above.			

Clinical Experience

We would like to know the extent of your clinical experience. Please complete the following chart. If you have a great deal of experience in practice, you might prefer to enclose a separate list or curriculum vitae.

Location of practice	Dates from...to...	Full-time or Part-time	Average no of clients each week

Additional Courses / Continuing Professional Development

Record of additional courses / activities relevant to Continuing Professional Development you have undertaken during your period of practice (starting with the most recent). Please continue on a separate page if necessary

Name of course or activity	Date and length of course	Benefits derived from course or activity

Please list details of any articles or publications you have written in relation to homeopathy:

Language / Residency	
Is English your first language?	YES / NO
If NO , please enclose evidence of Level 7 certificate in English or equivalent qualification. Information can be obtained from IELTS, University of Cambridge, Local Examinations Syndicate, 1 Hills Road, Cambridge CB1 2EU. Tel 01223 553355 www.ielts.org	
Are you residing in the UK?	YES / NO
If you have moved to the UK after studying/practising abroad, please provide evidence of your entitlement to work in this country.	

References			
Please give details of two referees who could support this application. If you have qualified in the last 5 years, one of these should be from a senior member of your college staff. If you have been practising for over 5 years, please include a practising homeopath who knows your work			
Reference 1		Reference 2	
Name:		Name:	
Address: (include postcode)		Address: (include postcode)	
Telephone Number:		Telephone Number:	
Email:		Email:	

Declaration			
Are you currently, or have you been, a member of another professional organisation?	YES / NO	Organisation:	From: To:
Has your application for membership to any other professional organisation ever been refused?	YES / NO	If yes, give details:	
Have you ever been removed from any other professional register?	YES / NO	If yes, give details:	
Do you have any health conditions which might affect your fitness to practise?	YES / NO	If yes, give details:	

Do you have any special requirements or circumstances that you would like us to take into account when processing your application?	YES / NO	If yes, give details:
Have you ever been convicted or charged for any criminal offence (other than an offence under the road traffic legislation in the UK for which a fine or non-custodial penalty is imposed), including sexual offences, or any offence relating to the abuse of trust of others in your care?		YES / NO If yes, please provide details on a separate page

Please also enclose the additional information listed below	
A copy of any qualification in homeopathy and any other relevant qualification (e.g. medical)	
Details of the homeopathy course(s) you attended, or details of other structured study	
2 copies of a self-evaluation based on the Society's Core Criteria for Homeopathic Practice (see guidance notes)	
2 copies of case notes for two clients currently or recently under your care (see guidance notes)	
Written consent from patients for use of case notes (see guidance notes)	
A photocopy of your work permit (if applicable)	
A copy of your English Language qualification/assessment (if English is not your first language)	
A photocopy of your insurance policy for practice as a homeopath	

SECTION 5 – Payment
<p>Please enclose 2 copies of this form along with 2 cheques (one for £75, the other for £175 payable to The Society of Homeopaths). Alternatively you may telephone the Society office on 01604 817890 to pay by credit/debit card.</p>

<p>I confirm that the information given on this application is, to the best of my knowledge, complete and accurate. I understand that false information may lead to possible withdrawal from the Individual Route Process and subsequent registration with the Society.</p>	
Signed:	Date: