

APPLICATION FOR REGISTERED MEMBERSHIP

SECTION 1 – General Information (Please print clearly)					
Title: (Mr/Ms/Mrs)		Full Name:			
Home Address (including postcode):					
Are you, or have you ever been, a member of the Society?					YES / NO
Date of birth:			Nationality:		
Phone No:			Mobile No:		
Email:			Web Address:		
Qualification (tick as appropriate):	Society Recognised Course		Individual Route		Society Exam
Date of qualification:	Course Provider:		Length of course (years):		
			Full Time / Part Time		
Do you have any medical, nursing or midwifery qualifications (eg RGN) If yes, please give details					
Please PRINT your name as you wish it to appear on your registration certificate.					

SECTION 2 – 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

SECTION 3 – Application and payment

I wish to register with the Society of Homeopaths and enclose:

A copy of my qualification certificate

or

A signed letter from the College Principal stating I have recently qualified from a course recognised by the Society

or

I have completed the Individual Route

I enclose my application fee of £65, or £95 if qualified from a Society-recognised course before 2004 (Cheques payable to 'The Society of Homeopaths')

I wish to pay the application fee by credit/debit card

(via the online shop on the Society of Homeopaths' website or by telephoning the office on 01604 817890)

SECTION 4 – CPD Introductory Workshop

Please book a place for me on the following CPD Introductory Workshop (for available dates please see the website or telephone the office on 01604 817890)

Venue	Date	
		1 st Choice
		2 nd Choice

Please note:

We reserve the right to either cancel or postpone an introductory workshop in the event that there are not enough applicants.

Your address, telephone number and email address will be provided to the whole group for the purpose of support and exchange within this group. If you do not wish your details to be distributed to fellow participants, please tick this box.

SECTION 5 - Registration Requirements

- Attendance at an introductory workshop or a telephone introductory meeting
- Commitment to regular supervision – if your supervisor is not included in the Society's approved list, please contact Linda Austin, Registration and CPD Administrator. Supervision fees are paid directly to the chosen supervisor
- Preparation of a CPD plan within 6 weeks of attending an introductory workshop
- Implementation of this CPD plan
- Preparation and submission of a CPD portfolio within one year of attending an introductory workshop
- Registration fee of £65, or £95 if you qualified from a Society-recognised course before 2004 (non-refundable) which includes the cost of attendance at an introductory workshop and initial feedback on CPD plan. If you qualified before 2004 from a Society-recognised course, the application fee also includes the cost of an extra meeting

I have read and understood the terms and conditions of the Registration process as outlined in Section 5 of this form.

I apply for insured membership with the Society of Homeopaths. Upon acceptance of my application I undertake to abide by the regulations and Code of Ethics and Practice of the Society.

I certify that the above information is true and correct.

Please open my FirstClass Mail (FCM) account.

Signed:

Date:

Company Limited by Guarantee. Registered in England No. 1392004

Please return to: Registration Dept. The Society of Homeopaths, 11 Brookfield, Duncan Close, Moulton Park, Northampton NN3 6WL
Tel: 01604 817890 Fax 01604 646848 Email: info@homeopathy-soh.org www.homeopathy-soh.org