

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:	
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
<p>Completing the following declaration is a requirement for the awarding of the RSHom status and a legal requirement for your insurance. Which is why it is an annual, mandatory requirement of membership.</p> <p>I can confirm that I have never been refused membership or removed from another professional register.</p> <p>I am free of any circumstances that might affect my fitness to practise (see 'fitness to practise' doc online for further information).</p> <p>I confirm and agree that I will ensure that I undertake and record continuing professional development (CPD) and supervision, and will abide and cooperate with the Society's audit procedure if and when I am asked to provide evidence.</p> <p>I confirm I have adequate, current and ongoing professional indemnity insurance for either any additional therapies I practice, not covered by Royal Sun Alliance.</p> <p>I am aware that should I work outside of the UK that I will not be covered by my Royal Sun Alliance insurance unless I have a special arrangement in place and will therefore need to seek additional cover within the countries that I practise.</p> <p>I know of no complaint (or equivalent) suit, alleging negligence, error or omission against me. I have never been convicted of any criminal offence, including sexual offences or an offence relating to the abuse of trust of others in your care?</p> <p>I have not been subject to any disciplinary proceedings, and I know of no circumstance, which could reasonably be expected to result in a complaint.</p> <p>I am aware that the Professional Standards Authority Logo is only applicable to RSHoms based and practicing in the UK</p>

I confirm that the above declaration is true and correct.

Signature

If any of the above statements are incorrect, please contact the Society office. This will not necessarily prevent your application from proceeding further.

SECTION 3 – Application

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

A copy of my CPD plan

SECTION 4 - Registration Requirements

- Completion of on-line introductory tutorial
- Commitment to regular supervision – if your supervisor is not included in the Society's approved list, please contact Liz Wootliff, Education & Registration Coordinator. Supervision fees are paid directly to the chosen supervisor

I have read and understood the terms and conditions of the Registration process as outlined in Section 4 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: